



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 8/4/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of posterior decompression L5-S1 bilaterally and discectomy L5-S1.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery and who has greater than 15 years of experience.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of posterior decompression L5-S1 bilaterally and discectomy L5-S1.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Neurosurgery Center, PA –MD

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Neurosurgery Center, PA – MD: Pre-authorization request – undated; Consultation note – 5/23/08; Follow-up exam- Thoracolumbar spine – 6/3/08; ENC report by DO – 5/30/08; X-ray and MRI Lumbar Spine report – 2/26/08; denial letter – 6/10/08 & 6/25/08. Records reviewed from RN letter – 5/6/08; Dr. clinic note – 5/6/08.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a female. She was injured when she tripped , hit her left hip on a chair and fell to her left knee. She complains of persistent lumbar pain and radiation to both hips. In the spring of 2008, her symptoms worsened with pain and dysesthesias extending into her left foot and two episodes of slight fecal incontinence. The patient was seen urgently after the fecal incontinence by Dr, a neurosurgeon on May 6, 2008. He noted her MRI had not changed from before the incontinence episode when compared to a post episode MRI, and found no motor deficit, normal reflexes and patchy decreased sensation on the lateral side of her left foot. He found no significant problems that would benefit from surgical intervention. She was seen by Dr. on 5/23/08 and referred for an EMG which suggested early bilateral S1 radiculopathy, a brace was ordered and she was recommended for bilateral decompression L5-S1 and bilateral discectomy L5S1.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The reviewer states that the patient's exam by Dr. indicates negative straight leg raising, normal muscle strength, intact sensation and intact sensory exam. The ODG states objective signs need to be present to demonstrate radiculopathy (Dr. own exam stated they were not) and that straight leg raising, crossed straight leg raising, and reflexes need to correlate with symptoms and imaging and in this patient they do not. There is no historical symptom change from the time patient was seen by Dr. who said patient would not benefit from surgery.

ODG Indications for Surgery -- Discectomy/laminectomy --

Required symptoms/findings; imaging studies; & conservative treatments below:

I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383. (Andersson, 2000) Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging.

II. Imaging Studies, requiring concordance between radicular findings on radiologic evaluation and physical exam findings:

III. Conservative Treatments.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)