



Medical Review Institute of America, Inc.
America's External Review Network

Clarification of Completed Review #

DATE OF REVIEW: January 7, 2008

IRO Case #:

Description of the services in dispute:

Laminectomy/Diskectomy at T-11, T-12, PLIF and instrumentation (#63046/48, #22630, #22842/51)--denied on 11/14/07 and 12/3/07

A description of the qualifications for each physician or other health care provider who reviewed the decision:

The physician who provided this review is a Diplomate of the American Board of Neurological Surgery and the National Board of Medical Examiners. This reviewer is a member of the American Association of Neurological Surgeons. This reviewer has been in active practice since 1974.

Review Outcome:

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

Upheld.

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Laminectomy/Diskectomy at T-11, T-12, PLIF and instrumentation (#63046/48, #22630, #22842/51) is not medically necessary.

Information provided to the IRO for review:

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547
(801) 261-3003 (800) 654-2422 FAX (801) 261-3189
www.mrioa.com A URAC & NCQA Accredited Company

Records received from State:

Confirmation of receipt of a request for a review by an IRO 12/17/07 8 pages
Denial letter 11/14/07 7 pages
Appeal denial letter 12/3/07 4 pages
Notice to MRloA of case assignment 12/17/07 1 page

Records received from carrier:

Office visit notes 5/16/06 3 pages
NCV/EMG report 5/25/06 5 pages
Initial patient evaluation 5/25/06 2 pages
MRI imaging report 6/7/06 4 pages
Patient follow up note 6/07 1 page
MRI report 8/28/07 4 pages
Follow up note 8/28/07 1 page
Procedure note 10/8/07 2 pages
Workers Compensation Medical Report 10/10/07 3 pages
Request for preauthorization 11/20/07 2 pages
List of providers undated 1 page

ODG guidelines were not submitted for review.

Patient clinical history [summary]:

The patient is a male with a height of 5'4" and a weight of 137 pounds with a WC-injury and history of back pain for years complaining of back pain and numbness/tingling of legs (right>left). No specific injury noted. MRI (2/21/06; p. 021) revealed degenerative disc disease (DDD) of L4-5. Epidural steroid injections (ESI's) were unsuccessful. No sphincter dysfunction is present. At times he has imbalance (past history of alcoholism; self medicating with lorazepam and restoril; not prescribed by MD - p. 021). PE- nl gait; S and M nl; SLR- neg; UE and LE *increased DTR's*. MD considered worker could return to light duty (p. 022). EMG (5/06) S1 sensory neuropathy. MRI (6/06) revealed C6-7 DDD, T11-12, "moderate" central canal stenosis; T12-L1 DDD. Repeat MRI (8/07) revealed "severe" DDD T11-L1 and T11-12 canal stenosis and L4-5/ L1-2 canal stenosis. . . On 10/08/07 worker had sacral S1 ESI's (pre-op diagnosis was lumbar disk displacement without myelopathy (p 031). On 10/10/07 lower extremity *DTR's were reduced* (p.025). Surgeon recommended T11-L1 laminectomy/discectomy and L4-5 PLIF/instrumentation.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to

support the decision:

Based on a review of the medical evidence these surgeries are not indicated. Inconsistencies in the presentations and diagnoses are present: in 2006 concern centered primarily on the lower lumbar region with increased deep tendon reflexes. EMG (5/06) noted S1 abnormality; In 2007 medical concern shifted to the thoracic region and deep tendon reflexes were decreased. No medical evidence supports a radiculopathy, arachnoiditis, compression of the conus medullaris or cauda equina syndrome. The levels noted (T11-L1) represent the segmental levels of the tapering conus medullaris (L3 through C1 spinal cord levels). Worker's alcoholism (associated with non-physician prescribed benzodiazepine tranquilizer use) can cause imbalance and peripheral neuropathy (cerebellar parenchymal and peripheral nerve degeneration).

The proposed surgery in question is not medically necessary. Noted was the date of injury (DOI) and the lumbar MRI. Medical evidence presented does not support the diagnoses and treatments presented.

A description and the source of the screening criteria or other clinical basis used to make the decision:

1. Stevens CD, Dubois RW, Larequi-Lauber T, Vader JP, Efficacy of lumbar discectomy and percutaneous treatments for lumbar disc herniation, *Soz Praventivmed* 1997;42(6):367-79
2. BlueCross BlueShield. Surgery Section – Lumbar Spine Surgery. Policy No: 101. Effective Date: 09/03/2002 (present in the ODG Guidelines database)
3. Andersson GBJ, Cocchiarella L, American Medical Association. *Guides to the Evaluation of Permanent Impairment*, Fifth Edition. Hardcover – Dec 15, 2000.
4. ODG Guidelines