

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 6/25/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L5-S1 Laminectomy

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Missouri-Kansas City and completed training in Physical Med & Rehab at Baylor University Medical Center. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Physical Med & Rehab since 2006 and pain Management since 2006.

REVIEW OUTCOME:

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree
in part) L5-S1 Laminectomy	Upheld

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a xx year old male who reportedly sustained an injury while at work on xx/xx/xx. A MRI shows a large left paracentral protrusion at L5-S1. He complains pain and stiffness, trouble with sitting or standing for long periods of time, and some weakness in his left quadriceps. It was noted that the employee's pain is causing pain and suffering in his daily life which has lead to depression. At this time, the request for L5-S1 laminectomy is under review for medical necessity.

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

This is a xx year old male with work injury onxx/xx/xx. He has a history of L4/5 lami/disc on 2 occasions, most recently on 5/26/2006. Since then the injured worker appears to have had off and on symptoms in the low back and back of thigh which was treated with multiple conservative modalities. Since approximately 3/2008 he has developed some low back pain that radiates down the back of the leg in an S1 distribution per the note from 4/9/2008. He also reported some weakness in the quads which also was noted as new. A MRI reportedly shows a large left paracentral protrusion at L5-S1. This was first observed by the requesting physician. The original MRI report from 4/29/2008 only stated 2 mm paracentral disc bulge at L5/S1 with mild central and mild left foraminal stenosis, but subsequent addendum on 5/22/2008 states a 4 mm protrusion impinging on the left S1 nerve root. He complains pain and stiffness, trouble with sitting or standing for long periods of time, and some weakness in his left quadriceps. Tain distribution is in a left S1 pattern according to office notes. No bowel or bladder changes. On exam, his "motor groups are 5", he is "hyporeflexic", and has negative "straight leg raising". It was noted that the employee's pain is causing pain and suffering in his daily life which has lead to depression. He has tried Soma, NSAIDs, and oral steroids without relief.

According to ODG the following must be addressed:

#1 Symptoms and findings of radiculopathy: the injured worker does demonstrate pain in an S1 and "hyporeflexic" per the available medical records.

#2 Imaging studies: the patient does have a L5/S1 herniation with impingement on the S1 nerve root per surgeon review and radiologist amended report on 5/22/2008.

#3 Conservative care: A. Activity modification - the physician has documented the employee's attempts at activity modification, B. drug therapy - he has tried soma, NSAIDs, and oral steroids per the medical records. It is not known if the patient has had epidural steroid injection for the particular issue. C. Support provider therapy referral -

it is unclear from the record if any attempt has been made for physical therapy, manual therapy, psychological evaluation or back school.

The injured worker does have obvious signs of radiculopathy in an S1 pattern but the he is also demonstrating quadriceps weakness and atrophy and other signs of radiculopathy in a myotome above S1. Additional diagnostics including EMG/NCS are needed to objectively evaluate the nature of his polyradicular complaints. At this time, without the full work up completed, the request cannot be deemed medically necessary. Therefore, the previous denial is upheld.

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

X 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)