



REVIEWER'S REPORT

Date of Review: 3/06/08

IRO Case #:

Description of Service or Services in Dispute:

Bilateral laminotomies/foraminotomies and L4/L5 and L3/L4

Qualifications:

MD degreed ABOS certified orthopedic surgeon with extensive experience in the evaluation and treatment of spine injured patients.

Review Outcome:

Upheld (agree)
 Overturned (disagree)
 Partially overturned (agree in part/disagree in part)

Information provided for review:

Fax covers, denial letter 1/8/08, physician advisor report 1/8/08, 1/24/08, appeal denial ltr 1/24/08, Memo 1/24/08, pre-authorization request, MD, 5/29/07, 12/07/07, MRI report 6/28/06, Report of Medical Evaluation 2/27/07, MD, Medical Center 4/3/07 and 5/1/07, MD, Network, 4/10/07, EMG/NC report 10/23/06 MD, Medical Ctr Admin Record 5/1/07, letter to MD 2/21/07, clinical note 10/23/07, MD 2/15/08, MRI report 6/27/06, Medical Center appeal denial letter appeal, 2/05/08, MD, National Guidelines Clearinghouse excerpts, J.Neurosurg Spine, v2, 06/05, Guidelines for the performance...lumbar spine. Part 15. Electrophysiologic monitoring and lumbar fusion, MD. ODG Guidelines were not presented for review.

Injured employee clinical history:

This, is a male, who was performing a task requiring significant twisting muscular effort while in an awkward position. He suffered the acute onset of low back pain. A diagnosis of lumbar strain was made. Several days later developed right leg symptoms suggestive of radiculopathy. EMG/NC study negative for acute or chronic radicular changes. A MRI scan 06/27/06 was suggestive of facet arthropathy and disc bulging. Central and foraminal stenosis was diagnosed. A Designated Doctor examination 02/27/07 placed the

patient at MMI on that date and assessed 0% WPI. Pre authorization for laminotomy/foraminotomy L3-L4 and L4-L5 was requested, denied, appealed and denied again. Treatments have included physical therapy, medications, ESI injections with only transient relief.

Analysis and Explanation of the decision, including clinical basis, findings and conclusions used to support decision:

Denial of pre certification for the surgical procedure laminotomy/foraminotomy L3 – L4 and L4 – L5 has been based on the conclusion that the spinal stenosis and foraminal stenosis is on the basis of “pre existent condition”. However, there is a provision within the regulations of the DWC for providing care for “worsening of a pre existent condition”. Under such circumstances the patient then needs to meet criteria for the performance of laminotomy/foraminotomy decompression of nerve roots involved. Unfortunately, this patient does not manifest a consistency of symptoms, physical findings and confirmatory studies which are required to meet these criteria. Significant studies such as MRI and EMG/NC were performed more than 18 months ago. The patient should be reevaluated and confirmatory studies repeated if symptoms and physical findings suggest specific root compressive neuropathy.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)