

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 05/18/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. Examination under anesthesia
2. Lumbar laminectomy (hemilaminectomy) discectomy
3. Additional level decompression
4. Microdissection technique
5. Discography
6. Arthrodesis lateral
7. H&P
8. Application of intervertebral biomechanical device
9. Bone grafting
10. Posterior non-surgical instrumentation
11. Anterior lumbar arthrodesis (22558)
12. Use of invasive electrical stimulator (20975)
13. Implantation of EBI stimulator (63685)
14. Reduction of subluxation (22325) L5-S1

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., orthopedic surgeon board certified by the American Board of Orthopedic Surgery, with extensive experience in the evaluation and treatment of patients with spine injuries

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

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

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. URA correspondence 05/02, 04/18, 04/03/08, peer reviews 04/14 & 04/01/08, and criteria used in denial (ODG)
3. Neurosurgery evaluation 03/28/07
4. Nerve study 03/30/06 & electrodiagnostic study 05/14/07
5. MRI reports 05/02/07 & 01/27/06
6. Psychiatric evaluation 01/17/08
7. Pain management evaluation 01/31/08 & follow up note 03/10/08
8. Orthopedic surgery assessment 03/04/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This female suffered a lifting injury to her lumbar spine region. She was treated initially in a nonsurgical manner with physical therapy and medications. A lumbar discectomy was performed on 05/31/06. A second surgical procedure was performed on 11/01/06. She has had persistent pain in both lower extremities, reportedly worse on the left side. She has physical findings suggestive of L5/S1 herniated nucleus pulposus with radiculopathy on the left side and an EMG/NCV study which confirmed such on 05/14/07. She also has MRI scan confirmation of a herniated nucleus pulposus impinging on the L5/S1 nerve roots on the left side.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

This is a difficult problem. If the patient were to undergo a surgical procedure at this time, it would be the third lumbar surgical procedure within a period of approximately two years. Multiple surgical procedures have increased risk of less than satisfactory result.

Many of the procedures requested are clearly not indicated, for example, examination under anesthesia or discography would be clearly not indicated. It is not clear what is meant by posterior nonsurgical instrumentation. The performance of a standard history and physical examination is part of routine medical procedure. Under the circumstances where the likelihood of a good or excellent result is diminished by the number of surgical procedures, and with additional procedures that are clearly not indicated, it would appear that the request should be denied once again and the denial of these surgical procedures upheld.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Low Back Chapter, pages 870 and 890
- 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.)