Name: Patient_Name

Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 5/15/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
L5-S1 laminectomy/fusion/instrumentation/1 day LOS

QUALIFICATIONS OF THE REVIEWER:
This reviewer attended the University Of Pittsburgh School Of Medicine after completing his undergraduate degree at the University of Virginia. He completed an internship and residency at Pennsylvania State University. He has
been actively practicing since 1990. He is a member of the American Academy of Orthopedic Surgeons and the American Medical Association.

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

X Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

L5-S1 laminectomy/fusion/instrumentation/1 day LOS Upheld

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:
The injured employee is a male. According to the notes provided, the he was diagnosed with backache and lumbosacral neuritis. The injured worker had ongoing blow back pain with pain to the bilateral hips and legs in spite of medications. A discography was positive at the L5-S1 level, and an MRI showed disc herniation and protrusion at L5-S1.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The claimant is a male who reportedly suffered an injury to his low back while lifting a water softener at work. The clinical diagnosis at this point is that of posttraumatic disc pathology with mechanical back pain.

The clinical records document that this employee has had ongoing back complaints since the reported injury. It appears as though most of the pain is more to the right side, but the prominence of it is axial in nature. The clinical records do not describe obvious signs of radiculopathy, although this individual reportedly has diminished sensation. The imaging study reportedly shows evidence of degenerative changes with a small central disc herniation at L5-S1, but does not appear to cause significant neurocompression.

In an effort to better determine the source of this individual's pain, a CT discography was completed in 4/2006 and reportedly showed concordant pain at not only L5-S1, the proposed surgical level, but also at L3-4.

There is no evidence within the records that a psychological evaluation has been completed.

The ODG suggests that individuals who have failed conservative care with severe structural instability or progressive neurologic dysfunction are candidates for surgical fusion. On other occasions, if pain generation has been conclusively identified and individuals have failed conservative care and have had all psychosocial confounding issues addressed, surgery can be considered an option.

In this particular case, the injured employee is currently on medication, such as Effexor, which suggest a psychological issue. There was not evidence within the records that discusses this particular finding. Furthermore, he has had CT discography, which not only showed pain at the reported surgical level of L5-S1, but was also described as concordant at L3-4. If the surgeon does not appear to be taking into account L3-4, then there would certainly call into question the value of the discography in consideration of pain at L5-S1. For all of the above stated reasons, as well as in the absence of obvious structural instability and/or progressive neurologic deficit, there is no indication that surgery should be considered reasonable and medically necessary in this setting. 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)