

IRO#
5068 West Plano Parkway Suite 122
Plano, Texas 75093
Phone: (972) 931-5100
DATE OF REVIEW: 05/19/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

In/PT Lt L4-S1 Lami discectomy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
In/PT Lt L4-S1 Lami discectomy	63047, 63048, 77002	-	Upheld

PATIENT CLINICAL HISTORY (SUMMARY):

This request is for a left L5S1 laminectomy and discectomy. Requestor is Dr., neurosurgeon. Mr. is a xx year old white male with chronic LBP. He had an injury about 12 years ago which required laminectomy/discectomy on the left L5S1. He has had LBP on and off. He was seen in the emergency room on 08/21/07 and admitted to the hospital for pain control. An ESI was given with no relief but was dismissed approximately 2 days later improved. He was seen by Dr. on 11/08/07. The patient had not had P.T. and was requesting surgery. An MRI in August 2007 revealed an L5S1 disc protrusion encroaching on the left L5S1 neuroforamen. The MRI was non-contrast. Dr. did not document positive SLRs or objective signs of radiculopathy, only decreased bilateral, L5 nerve root sensation and left S1 nerve root decreased sensation. Dr. , a designated doctor, orthopedist, on 11/20/07, did an examination and did not document objective signs of radiculopathy.

Diagnosis: Displacement of lumbar intervertebral disc

Diagnostics: MRI

Therapies and Medications: No P.T., one ESI that failed, Vicoprofen and Lyrica.

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

This patient's original injury was in xxxx when he lifted a heavy item, weighing approximately 1700 pounds, with other co-workers. This led to lumbar surgery in 1997. In 2001 an EMG was normal per Dr. 's documentation. The patient had not had any P.T. In his most recent re-evaluation of 11/08/07, the patient

requested surgery. The surgeon agreed to do it. However, there is no documentation that patient has had adequate conservative treatment, such as P.T. There is no documentation of true radiculopathy and the non-contrast MRI revealed a left L5S1 protrusion that encroached upon the left L5S1 foramen, but no mention of L5 or S1 nerve impingement was made. SLRs were stated to be negative. Dr. , the designated doctor, stated the MRI revealed L5S1 degenerative changes which are to be expected with the normal aging process, especially after a laminectomy and discectomy.

Therefore, based upon the above rationale and peer-reviewed guidelines, the request for a left L5S1 laminectomy and discectomy is not certified.

ODG, On-line, update 05/09/08

Treatment, Low Back, Laminectomy/Discectomy

Recommended for lumbar spinal stenosis. For patients with lumbar spinal stenosis, surgery (standard posterior decompressive laminectomy alone, without discectomy) offered a significant advantage over nonsurgical treatment in terms of pain relief and functional improvement that was maintained at 2 years of follow-up, according to a new SPORT study. Discectomy should be reserved for those conditions of disc herniation causing radiculopathy. Laminectomy may be used for spinal stenosis secondary to degenerative processes exhibiting ligamentary hypertrophy, facet hypertrophy, and disc protrusion, in addition to anatomical derangements of the spinal column such as tumor, trauma, etc. ([Weinstein, 2008](#)) ([Katz, 2008](#)) Laminectomy is a surgical procedure for treating spinal stenosis by relieving pressure on the spinal cord. The lamina of the vertebra is removed or trimmed to widen the spinal canal and create more space for the spinal nerves. See also [Discectomy/laminectomy](#) for surgical indications, with the exception of confirming the presence of radiculopathy.

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

ODG:

ODG, On-line, update 05/09/08 Treatment, Low Back, Laminectomy/Discectomy

