



DATE OF REVIEW: 10/12/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Lumbar laminectomy, left L5/S1 (revision).

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the spine-injured patient.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. forms
2. referral forms
3. Denial letters dated 08/25/08 and 09/10/08
4. Carrier records
5. Letter to , 09/30/08
6. MRI scan of the lumbosacral spine, 08/19/07
7. X-ray report, T-spine, 08/18/07
8. Clinical notes, 06/16/08, 07/17/08, and 08/14/08
9. MRI scan of the lumbar spine, 07/29/08
10. Operative report, 03/12/08
11. Requestor records
12. Clinical notes, 08/29/08 and 03/04/07
13. Discharge Summary, 03/12/08
14. History and Physical, 03/12/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This xx-year-old male fell from a ladder on xx/xx/xx. He suffered lumbar pain and left leg pain. A herniated nucleus pulposus to the left at L5/S1 was diagnosed, and a

laminectomy/discectomy at L5/S1 was performed on 03/12/08. For approximately the first three months postoperatively, the patient had only mild residual pain. He subsequently developed increasing pain, and straight leg raising test was positive. His gait was antalgic. A repeat MRI scan on 07/29/08 suggested a scar abutting against the S1 nerve root. A revision laminectomy/discectomy has been recommended. It has been denied on two occasions.

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

This patient is seven months post primary laminectomy/discectomy at L5/S1. There is no documentation of physical therapy or other treatment postoperatively. It is not clear that the current symptoms are directly related to a compressive neuropathy. The performance of revision laminectomy/discectomy is fraught with high risk and results in less than 50% acceptable results as indicated in the literature. At the present time, this procedure should not be approved until additional therapy has been documented.

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, 2008, Low Back Chapter, Laminectomy/Discectomy Passage
- 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.)