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Notice of Independent Review Decision

DATE OF REVIEW: 09/10/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Decompressive laminectomy with spine stabilization at L2-L3 with two day length of stay

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

Board Certified in Orthopedic Surgery

REVIEW OUTCOME

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

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Decompressive laminectomy with spine stabilization at L2-L3 with two day length of stay – Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An MRI of the lumbar spine interpreted by , D.O. dated 06/28/07
An EMG/NCV study interpreted by , M.D. dated 06/28/07
A Patient Profile dated 07/25/07
Evaluations with , P.A. for , D.O. dated 08/09/07, 08/31/07, 09/21/07, 02/27/08,
and 06/11/08
An MRI of the thoracic spine interpreted by , M.D. dated 08/15/07
Evaluations with Dr. dated 08/23/07, 01/30/08, 02/21/08, 06/20/08, and 07/17/08
A procedure note from Dr. dated 02/07/08
A letter of non-certification, according to the ODG, from , M.D. dated 07/28/08
A letter of non-certification, according to the ODG, from , M.D. dated 08/19/08
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

An MRI of the lumbar spine interpreted by Dr. on 06/28/07 revealed extensive postoperative changes at L3 to the sacrum, minimal disc bulging at L2-L3, and disc protrusions at T8-T9 and T9-T10. An EMG/NCV study interpreted by Dr. on 06/28/07 revealed right S1 radiculopathy. On 08/09/07, Mr. requested an epidural steroid injection (ESI), a Medrol Dosepak, continued Arthrotec and Lortab, and a neuromuscular stimulator unit. An MRI of the thoracic spine interpreted by Dr. on 08/15/07 revealed disc bulging at T7 through T10. On 08/31/07 and 09/21/07, Mr. requested an ESI. On 01/30/08, Dr. requested physical therapy and ESIs. A lumbar ESI was performed by Dr. on 02/07/08. On 02/21/08, Dr. requested a repeat lumbar MRI. On 06/11/08, Dr. requested a repeat MRI and possible lumbar surgery. On 07/17/08, Dr. requested lumbar surgery. On 07/28/08, Dr. wrote a letter of non-authorization for the lumbar surgery. On 08/19/08, Dr. also wrote a letter of non-authorization for the lumbar surgery.

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

There are two separate requests presented; i.e. the decompressive laminectomy and separate from that the requirement is the spine stabilization. There is no indication in this record that the claimant would need spine stabilization. Stabilization is recommended only in situations with instability. The claimant has degenerative changes and decreased disc space height and this is something that does not require stabilization.

In regard to the requirements for a decompressive laminectomy at L2-L3, the ODG requires a match between the objective diagnostic findings and the recommendations for surgery. This claimant appears, by electrodiagnostic evidence, to have an L5 or S1 radiculopathy, based on the electrodiagnostic studies done. The MRI does not demonstrate a compressive lesion at L5-S1. The claimant's symptoms are in the posterior leg, consistent with the lower lumbar spine. However, the claimant's stenosis is at L2-L3, which would create symptoms in the hip area and in the anterior thigh. It does not produce posterior

symptoms. This claimant has symptoms of unexplained etiology. The claimant's stenosis at L2-L3 does not explain the claimant's symptoms. Therefore, decompressive laminectomy is not indicated as it will not alleviate the claimant's symptoms. This is supported by the ODG, which gives specific requirements for decompression at different levels and the claimant does not meet the ODG requirements. Therefore, the requested decompressive laminectomy with spine stabilization at L2-L3 with a two day length of stay is neither reasonable nor necessary.

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 AND KNOWLEDGE BASE
- 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

**X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

Simeone and Rothman's *The Spine*