



## Notice of Independent Review Decision

### **DATE OF REVIEW:**

09/16/2008

### **IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Outpatient left L4/L5 lumbar laminectomy and disc excision

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

### **REVIEW OUTCOME**

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

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.

**Outpatient left L4/L5 lumbar laminectomy and disc excision is not medically necessary.**

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a xx year old male with date of injury. The injured individual is obese with a protuberant abdomen. He has had two injections but no indication of physical therapy (PT). He had two epidural steroid injections (ESIs). His neurological exam is equivocal with straight leg raise (SLR) producing more pain on the left side but not noted to be markedly positive. MRI showed possible abnormality at L4/5 while CT showed a questionable protrusion per the radiologist and left L4/5 protrusion with left L5 impingement per the neurosurgeon.

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

The injured individual has mixed and unconvincing studies and physical exam findings. His MRI showed a possible abnormality at L4/5. His CT/myelogram per the neurosurgeon showed a left L4/5 protrusion and impaction of the left L5 root while the radiologist interpretation was much more subtle and noted a possible protrusion. On physical exam (PE) he has somewhat positive left SLR and some left ankle weakness but no overtly positive radicular findings. He had two injections with no relief and no evidence of a full course of PT. He is obese with a protuberant abdomen but no indication of attempt at weight loss. For all these reasons, the rationale for undergoing lumbar surgery is not convincing.

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

<sup>3/4</sup> ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE pg 306-307.



### **¾ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

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 two 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 ligamental 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.