COMPPARTNERS

URAC ACCREDITED INDEPENDENT REVIEW ORGANIZATION

Notice of Independent Review Decision

DATE OF REVIEW: **9/29/08**

IRO CASE **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for decompression L4-5.

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

Texas licensed Orthopedic Surgeon.

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)

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.

The previously denied request for Decompression L4-5.

PATIENT CLINICAL HISTORY (SUMMARY):

Age:
Gender: **Male**
Date of Injury: **xx/xx/xx**
Mechanism of Injury: **Lifting a 100-pound object.**

Diagnosis: **Status post anterior posterior lumbar fusion at L5-S1, foraminal stenosis with radiculopathy L4-5**

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

The patient is a male with the date of injury of xx/xx/xx. The mechanism of injury was "lifting a hundred pound object." The diagnosis was status post anterior lumbar interbody fusion L5-S1 on February 27, 2007 and adjacent level disease L4-L5 with radicular symptoms. He twisted, developed right low back pain evolving to include painful paresthesias down the right lower extremity. The patient had a trial of passive modalities including E-stim, moist heat, soft tissue massage with increase in pain. The patient did not have formal therapeutic exercises. Subsequently, an MRI performed on March 6, 2007, indicated an L5-S1 protrusion mildly displacing the right nerve root. The patient saw Dr. on March 9, 2006, who evaluated the patient noting straight leg raising was equivocal but with sciatic tensioning. There were radiating paresthesias of the distal right calf and ankle and there was a hypesthesia down the right lateral dorsal foot and ankle and on L5 and S1 dermatomal distribution. Deep tendon reflexes were 1+ and equal. The recommendation was an electrodiagnostic study, which was performed on March 23, 2006, and indicated a right S1 radiculopathy with both acute and chronic features. Then when seen by Dr. on April 5, 2006, the patient was complaining of back pain and shooting pain down the right lower extremity, with occasional weakness. Physical examination by Dr. noted 5/5 strength with a normal gait pattern. Sensation was grossly intact with a minimally positive straight leg raise on the right being positive. Deep tendon reflexes were normal throughout. It was felt that the patient was a candidate for medication. Dr. recommended treatment of Celebrex, Zanaflex, Lortab, neuromuscular stimulator and epidural steroid injection. The patient was then seen by Dr. who performed diskography on June 14, 2006. There was no indication if the patient had previously had an epidural or how he responded to the epidurals. The diskography was concordant at L5-S1. Post diskography, the patient did have a behavioral medicine evaluation. He was then taken to surgery on February 27, 2007, where an L5-S1 colpectomy, anterior lumbar interbody fusion with PEEK cages, and plate fixation was performed. Postoperatively, the patient continued to have ongoing complaints even with rehabilitation and work conditioning. The patient subsequently was felt to have facet pain and on February 21, 2008, he was scheduled for facet blocks, which were performed on March 27, 2008. On follow-up on April 14, 2008, it was noted that the facet block did not benefit the patient. A new electrodiagnostic study was then performed on May 27, 2008 and findings of bilateral low lumbar radiculopathy, left worse than the right and bilateral peroneal mononeuropathy. The patient underwent a selective nerve root block on the left at L4 that did provide almost complete resolution of pain for 4 hours that gradually increased over the next 2 days. The patient's examination on July 14, 2008 by PA noted

5/5 strength. Deep tendon reflexes were 2+ throughout. Positive straight leg raising bilaterally, left greater than the right with diffuse palpable tenderness in the lumbar area. There was now noted a decreased sensation in the L4 dermatome, but it was not noted whether it was left, right, or bilaterally. Review of the CT did show a 2 to 3 mm disk protrusion causing some left-sided neural foraminal stenosis, with 50% reduction but the radiologist indicated that this would be of minimal stenosis. Surgical intervention was then recommended. The recommendation for an adverse determination was the clinical information provided, did not support the request per the ACOEM Guidelines on multiple levels. 1) There was no current psychological evaluation. 2) The patient's pathology identified on CT myelography is questionable as to it being the pain generator.

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

□ ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE.

American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines Second Edition, Chapter 12, page 307.

"There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. A recent study has shown that only 29% assessed themselves as "much better" in the surgical group versus 14% "much better" in the nonfusion group (a 15% greater chance of being "much better") versus a 17% complication rate (including 9% life-threatening or reoperation)."

□ 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 AND 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).