SENT VIA EMAIL OR FAX ON
Apr/27/2009

IRO Express Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0310
Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/23/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar laminectomy microdiskectomy L5/S1 left with 1 day inpatient stay

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
EMG/NCV 10/25/07
MRI lumbar spine 11/01/07
Office notes Dr 01/14/08, 02/29/08, 04/18/08, 06/20/08, 11/03/08
Office note Dr. 10/29/08
Office note Dr. 01/19/09, 02/02/09, 03/02/09, 03/30/09
Peer review Dr. 01/27/09
Peer review Dr. 02/13/09
Dr. IME 02/16/09
Dr. DDE 02/25/09

PATIENT CLINICAL HISTORY SUMMARY
This is a male with a diagnosis of a herniated L5 disc, with radiculopathy and an extruded disc with compression at S1 nerve root. The date of injury was on xx-xx-xx when he was moving a heavy rack covering ten pairs of boots and twisted his back. He has had back pain with lower extremity radiculopathy through the lateral foot into the lateral lower leg. An x-ray of the lumbar spine showed bilateral L5 pars articularis defect and electromyography on

10/25/07 revealed an S1 radiculopathy. An MRI dated 11/01/07 revealed a disc protrusion at L5-S 1 and bilateral spondylosis pars interarticularis at L5. On 02/14/08 and 04/03/08 he underwent epidural steroid injections with only fifty percent relief of leg symptoms after the first injection. He has also been treated conservatively with physical therapy, ice, heat, medications consisting of analgesics and anti inflammatories.

On 02/16/09 an exam was completed by an independent medical examiner that revealed the claimant had lumbar spasm, pain in lower back radiating into left lower leg. Range of motion assessed and found his forward flexion at 70 degrees, extension at 15 degrees, lateral bending on the left was 5 and on the right was 10 degrees. The claimant has continued to have lower back pain with radicular symptoms of the left lower extremity. The recommendation from several physicians has been for a lumbar laminectomy microdiscectomy L5-S1.

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

The evidence-based literature suggests that individuals can be considered reasonable candidates for laminectomies and discectomies when they have findings of radiculopathy, imaging studies that correspond to their radicular complaints, and have failed conservative treatment.

The records document this individual has a combination of back and left lower extremity pain. Reportedly, there is evidence of a disc protrusion at L5-S1. EMGs from more than a year earlier document left S1 radiculopathy.

More recent physical exam findings document a positive straight leg raise, an absent Achilles reflex, and diminished sensation in a dermatomal pattern.

Conservative care has included steroid injections, medical management, and activity modification.

This claimant appears to meet the reasonable evidence-based criteria for the discectomy. Previous reviewers and/or treating physicians have commented on the absence of records that documented conservative care. That appears to be provided in the additional records for this review. In addition, there has been discussion about the indications for fusion based on spondylolisthesis. While that would certainly be one approach, that would not be absolutely indicated, and if this individual has a preponderance of leg pain and clear-cut radiculopathy, a simple discectomy would be a reasonable route. As such, the request can be considered reasonable and medically necessary.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates – lower back lumbar and thoracic

ODG Indications for Surgery -- Discectomy/laminectomy --

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

[ ] ACOEM-AMERICA 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)