



REVIEWER'S REPORT

DATE OF REVIEW: 11/28/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

L5/S1 laminectomy/discectomy with one-day length of stay

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients with spine problems

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.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a female with a history of lumbosacral strain injury on xx/xx/xx. The injury was sustained while lifting a heavy object. The patient underwent laminectomy/discectomy in November 1998. She was doing well. However, she had persistent low back pain and periodic subjective weakness. The patient has an additional diagnosis of sarcoidosis for which she takes chronic prednisone. She has had persistent low back pain with bilateral leg pain. A CT myelogram was performed in 2008, which noted changes compatible with degenerative disc disease at the level of L5/S1. An EMG performed on 10/20/08 indicated that the patient had not electrodiagnostic evidence of neural pressure compromise. No radiculopathy was diagnosed. The patient had multiple physical findings including diminished knee and ankle reflexes on the right and absent on the left. Straight leg raising test was 45 degrees on the left and 60 degrees on the right. Most recently a medical recommendation has been made to perform repeat

laminectomy/discectomy at the level of L5/S1 with a one-day length of stay. This recommendation has been considered, denied, reconsidered and denied.

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

This patient has a long history of low back pain and leg pain. She underwent a laminectomy/discectomy at the level of L5/S1 in 1998. It would appear that she is suffering the consequences of degenerative disc disease at this time. The potential for compressive neurological disease is limited, and the negative EMG/nerve conduction study suggests that symptoms are not related to compressive radiculopathy. Under such circumstances, a laminectomy/discectomy is inappropriate. The previous denials were appropriate. Medical necessity has not been established. The previous denials should be upheld.

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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)