

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
**12001 NORTH CENTRAL EXPRESSWAY**  
**SUITE 800**  
**DALLAS, TEXAS 75243**  
**(214) 750-6110**  
**FAX (214) 750-5825**

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Notice of Independent Review Decision

**DATE OF REVIEW:** February 5, 2009

**IRO CASE #:**

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

Outpatient Left L5-S1 microdiscectomy

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

Diplomate, American Board of 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the Carrier/URA include:

- , 07/11/08, 07/21/08
- Rehabilitation Hospital, 08/06/07, 09/16/08
- M.D., 07/21/08, 09/08/08, 09/10/08, 09/18/08, 12/04/08, 12/05/08, 12/22/08
- M.D., 10/23/08, 11/20/08, 12/01/08, 01/21/09
- 01/20/08, 07/02/08, 09/29/08, 11/12/08, 01/08/09, 01/22/09

- Official Disability Guidelines, 2008
- 09/07/08, 09/08/08, 09/23/08, 11/06/08
- Request for a Review by an Independent Review Organization, 01/21/09
- Texas Workers' Compensation Work Status Report, 07/07/08, 09/18/08, 09/23/08, 11/06/08, 12/01/08, 12/04/08
- Texas Department of Insurance, 01/26/09
- 09/08/08

Medical records from the Requestor/Provider include:

- 07/11/08, 07/21/08
- Rehabilitation Hospital, 08/06/07, 09/16/08
- Texas Workers' Compensation Work Status Report, 07/07/08, 09/18/08, 09/23/08, 11/06/08, 12/01/08, 12/04/08
- 09/07/08, 09/08/08, 09/23/08, 09/23/08, 11/06/08
- M.D., 09/08/08, 09/10/08, 09/18/08, 12/04/08, 12/05/08
- 09/29/08, 11/12/08, 01/08/09
- M.D., 10/23/08, 11/20/08, 12/01/08, 01/21/09

### **PATIENT CLINICAL HISTORY:**

The patient is a male, weighing 239 pounds and approximately 5'11", who injured his low back while lifting an object in a hole. He complains of low back pain and left leg pain. Examination revealed normal neurological motor and sensory examinations.

An MRI of September 15, 2008 revealed an L4-5 disc herniation with mild-to-moderate central stenosis and mild facet hypertrophy and mild desiccation changes without nerve impingement. The L5-S1 level revealed desiccation changes, mild facet hypertrophy, and a broad posterolateral disc herniation that is largely contained by epidural fat without effect on the dural sac, however, with effacement of the left S1 nerve root. A small disc fragment could not be excluded.

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

The request is for a left L5-S1 microdiscectomy as an outpatient. This patient is not a surgical candidate because the repeat physical examinations have been within normal limits except for a positive left straight leg raise. Straight leg raises are largely subjective and do not carry as much weight as sensory, motor, or reflex changes. There are no documented objective findings of radiculopathy or nerve root compression, such as atrophy or loss of relative reflexes, on multiple physical examinations by both the orthopedists and the pain physician.

Further, studies have revealed that approximately 30% of asymptomatic subjects will reveal herniated discs on MRI studies (Campbell's Operative Orthopedics, 10<sup>th</sup> Edition, Spine Section, 2003).

Additionally, recent studies have revealed that bulges, protrusions, and annular tears occur in 10%-80% of asymptomatic subjects undergoing investigational imaging studies (JBJS, Volume A, Supplement II, pages 324, April of 2006).

Therefore, the mere presence of a disc herniation seen on MRI does not necessarily mean that the disc herniation is symptomatic. It must be corroborated with objective positive physical findings on examinations. The ODG recommends a laminectomy and discectomy only on carefully selected patients with objective signs of radiculopathy that follow a normal dermatomal pattern consistent with a level of involvement seen on the MRI (ODG, Back Chapter, 2008). This dermatomal pattern of radiation has not been described by any other physicians in the available medical records for review.

Therefore, based upon peer reviewed guidelines, the Official Disability Guidelines, and the above rationale, the procedure of left L5-S1 microdiscectomy is not certified.

**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 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 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)** Campbell's Operative Orthopedics, 10<sup>th</sup> Edition, Spine Section, 2003, JBJS, Volume A, Supplement II, pages 324, April of 2006.
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**