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88 Black Falcon Avenue, Suite 353 Boston, MA 02210 (T) 800-227-1464 (F) 617-375-7777

DATE OF REVIEW:
07/01/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
IP Laminectomy-Lumbar L3, L4, L5 and Onlay Bone Fusion.

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.
The requested IP Laminectomy-Lumbar L3, L4, L5 and Onlay Bone Fusion is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 07/01/09 MCMC Referral
- 06/16/09 letter from
- 06/11/09 Notice to MCMC, LLC of Case Assignment, DWC
- 06/11/09 letter from
- 06/09/09 Confirmation of Receipt of a Request For a Review, DWC
- 06/08/09 Request For a Review By An Independent Review Organization
- 06/01/09 Adverse Determination After Reconsideration Notice, M.D., Services Corporation
- 05/22/09 Adverse Determination Notice, D.O., Services Corporation
- 05/19/09 Request for Preauthorization,
- 05/19/09 letter from, Physician Assistant-Certified,
- 05/19/09 fax cover sheet with note, Case Manager,
- 05/14/09 Clinic Note, , PA,
- 05/14/09 note from with chronology of events dated 05/15 to 05/18
- 05/11/09 Work Related Injury Report, , M.D.,
- 04/03/09 MRI lumbar spine, , PA, Radiology
- 04/28/08 MRI lumbar spine, Radiology
- 04/11/08 Work Related Injury Report,
- ODG Integrated Treatment Disability Duration Guidelines for Low Back – Lumbar & Thoracic (Acute & Chronic)

PATIENT CLINICAL HISTORY [SUMMARY]:

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The injured individual is a female with diagnosis of spinal stenosis at L4/5. The injured individual has had medications, physical therapy (PT), and epidural steroid injections (ESIs) and continues to complain of back and leg pain; predominantly leg. The new MRI showed significant stenosis at L4/5 and bulges at L2-4 and L5-S1.

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

The MRI of 04/2008 showed stenosis at L4/5. The MRI of 04/2009 showed a progression of this with bulges at L5/S1 and L2-4. The request is for laminectomy with fusion from L3-5 which is not supported as this is being suggested for stenosis that is only documented at L4/5. Also, there has been no psychological evaluation to verify if the injured individual is psychologically prepared for such a procedure.

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

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 2 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) This study showed that surgery for spinal stenosis and for disc herniation were not as successful as total hip replacement but were comparable to total knee replacement in their success. Pain was reduced to within 60% of normal levels, function improved to 65% normal, and quality of life was improved by about 50%. The study compared the gains in quality of life achieved by total hip replacement, total knee replacement, surgery for spinal stenosis, disc excision for lumbar disc herniation, and arthrodesis for chronic low back pain. (Hansson, 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.