

Notice of Independent Review Decision

**DATE OF REVIEW:** 06/29/09

**IRO CASE #:**

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

Laminectomy with spinal cord monitoring at L3/L4 and L4/L5 with two-day hospital inpatient stay.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified in orthopedic surgery

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. IRO request form from attorney
2. IRO assignment by TDI
3. Initial denial documents 05/01/09 & 06/03/09, including criteria used in denial.
4. Imaging reports for lumbar spine 04/07 & 10/02/08
7. Office notes by treating doctor 09/15, 10/06, 11/10, 12/22/08 and 04/03 & 04/28/09.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This claimant sustained a work-related injury on xx/xx/xx. Past medical history reportedly is significant for a prior decompression laminectomy in 1991 at L4/L5 and L5/S1 levels. Since the injury, the claimant has had a chronic low back pain and lower extremity pain condition consistent with radiculopathy. Most indicate weakness as well as some muscular atrophy in the lower extremity. Notes also indicate objective findings of weakness with imaging results most detailed in a lumbar CT myelogram dated 10/02/08. This indicates a disc bulge at L3/L4 that combines with a component of congenital canal stenosis and some ligamentum hypertrophy to cause a mild to moderate spinal canal stenosis, though there was no significant neural foraminal compromise noted at this level in this study. At the L4/L5 level, there is loss of disc height as well as a disc bulge with bone spurring that indents the ventral aspect of the thecal sac. There is evidence of prior decompression from bilateral laminectomy at this level and therefore without significant spinal canal compromise, though the neural foramina are interpreted as being moderately stenosed bilaterally. At the L5/S1 there is no significant disc bulge or protrusion nor any compromise of the spinal canal or neural foramen. Post myelogram x-rays prior to the CT scan done after myelogram did show postoperative changes of bilateral laminectomy at L4/L5 and L5/S1 as well as an extradural defect at L4/L5, causing a mild stenosis of the spinal canal. X-rays done of the lumbar spine with flexion and extension dated 10/02/08 showed postoperative changes of bilateral laminectomy at L4/L5 and L5/S1, no instability with flexion and extension, and some degenerative spondylosis and disc disease at L4/L5. MRI scan of the lumbar spine dated 04/04/08 is interpreted as showing a disc bulge at L3/L4 with mild bilateral foraminal encroachment, prior laminectomy at L4/L5 with residual or recurrent disc herniation that flattens the adjacent thecal sac and impinges upon the right L4 nerve root sleeve with moderate narrowing of the

right and mild narrowing of the left neural foramen. There is no significant canal stenosis at this level. At L5/S1, there is a disc herniation noted with narrowing of the left neural foramen with impingement upon the exiting left L5 nerve root. Gadolinium was not administered on this MRI scan and, therefore, scar tissue from previous surgery in 1991 could not be delineated.

According to initial office visit on 04/28/08, the claimant tripped and fell approximately eight feet while unloading a flatbed trailer, landing on his feet. He had immediate low back pain and bilateral leg pain as well as pain radiating into his groin and testicles bilaterally with symptoms in his left leg more troublesome than the right including pain, numbness, and tingling. The claimant has been treated with multiple medications including anti-inflammatory medication, short-acting opioids, tramadol, physical therapy, and a lumbar epidural steroid injection. Initial neurological examination did not demonstrate any significant weakness in the lower extremities nor any atrophy or asymmetries to leg muscle bulk, etc. However, consequential exams do demonstrate some weakness on muscle strength testing as well as some atrophy noted.

A Texas Department of Insurance court order from a Benefit Review Conference held on 01/06/09 seems to conclude that the compensable injury sustained by the claimant on 03/11/08 does extend to the L3/L4, L4/L5, and L5/S1 disc herniations and that the claimant has not reached maximum medical improvement and that an impairment rating cannot be assigned as of the date of that hearing.

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

Upon review of available records, it appears that this claimant does, indeed, require surgery, specifically decompression at the L3/L4 and L4/L5 levels, which appears to have had the most significant findings on CT myelogram study and possibly correlating with the patient's symptoms and signs on examination. It did not appear that the L5/S1 level was felt to be contributing since the requested decompression surgery is at the L4/L5 and L3/L4 levels. Therefore, I do agree that the requested surgery is medically reasonable and necessary for this claimant.

The request for spinal cord monitoring during the surgery as well as a two-day hospital inpatient stay were initially denied. However, it is this reviewer's opinion that surgeries of this type, especially those that demonstrate already measurable radicular dysfunction as well as prior history of decompression and the possibility of fusion, which may need to be determined at the time of the surgery, all may indicate a role for spinal cord and nerve root monitoring. This is not only to ensure that any remaining function of the nerve roots, which may already have been injured are not further injured during the surgery, either from the proposed decompression and certainly if fusion is indeed performed. Also, it is this reviewer's opinion that the claimant's advanced abnormalities and the possibility of a two-level decompression along with a possible fusion certainly warrant a two-day inpatient hospital stay as requested.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.

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- 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.)