Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: June 15, 2009

IRO Case #:

Description of the services in dispute:
Lumbar laminectomy discectomy L4-L5 and annular repair.

A description of the qualifications for each physician or other health care provider who reviewed the decision
The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer completed a fellowship in Pediatric Orthopaedic Surgery. This reviewer is a member of the American Academy of Orthopaedic Surgeons and the Pediatric Orthopaedic Society of North America. This reviewer has been in active practice since 2000.

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

Upheld

According to the criteria of ODG, lumbar laminectomy/discectomy is not medically necessary. The documentation provided does not establish clear-cut evidence of radiculopathy, correlation of symptoms and findings with the intended level of decompression, nor evidence of completion of a coordinated, comprehensive program of conservative management. Annular repair is not covered in ODG, but is not indicated in the absence of a medically necessary decompression.

Information provided to the IRO for review
Company Request for IRO – 7 pages
Letter dated 5/13/09 from Risk Services – 6 pages
Letter dated 5/22/09 from Risk Services – 4 pages
Orthopedic Report dated 4/30/09 – 2 pages
Notification of decision filed with Commissioner of Workers' Compensation 4/14/09 – 1 page
Notice of Medical Contested Case- 1 page
Letter dated 3/24/09 – 1 page
Letter dated 2/19/09 – 2 pages
Carrier's Exhibit List – 1 page

Orthopedic Report dated 2/18/09 – 2 pages
Notice of Order Setting Hearing – 2 pages
Report of Medical Evaluation 2/4/09 – 1 page
Fax Cover Sheet – 1 page
Designated Doctor Evaluation 10/8/08 – 3 pages
Letter from Texas Department of Insurance dated 9/25/08 – 1 page
Designated Doctor Evaluation 2/4/09 – 3 pages
Notice of Order Setting Prehearing – 2 pages
Letter, MD dated 1/12/09 – 1 page
Notice of Independent Review Decision 1/7/09 – 6 pages
Orthopedic Report 11/18/08 – 2 pages
Orthopedic Report 10/16/08 – 2 pages
Psychological Evaluation dated 10/9/08 – 4 pages
Report of Medical Evaluation 10/8/08 – 1 page
Request for Designated Doctor – 3 pages
Office visit with Dr., MD dated 1/28/08 – 2 pages
Initial Examination 4/10/08 – 3 pages
Initial Patient Visit 4/10/08 – 5 pages
Postoperative Visit During Global Period 4/23/08 – 1 page
Verbal Consent Form dated 5/5/08 – 1 page
Orthopedic Consult 9/29/08 – 2 pages
Orthopedic Report 10/6/08 – 2 pages
Initial Medical Report 12/18/07 – 3 pages
Statement of Medical Necessity dated 4/30/09 – 3 pages
Dr. Procedure Orders – 1 page
Letter dated 12/11/08 – 3 pages
Copies of literature from the of Orthopaedic Surgeons – 7 pages
Letter dated 11/26/08 – 3 pages
Statement of Medical Necessity 9/29/08 – 2 pages
Statement of Medical Necessity 11/18/08 – 3 pages
Imaging Report, Left Knee x-ray, dated 8/15/08 – 1 page
Imaging Report, Left Knee MRI, dated 8/15/08 – 1 page
Imaging Report, Left Hip MRI, dated 5/9/08 – 1 page
Scheduling Sheet dated 4/10/08 – 1 page
Electro-diagnostic Interpretation 2/7/08 – 5 pages
Imaging Report, Lumbar Spine MRI, dated 1/3/08 – 1 page
Imaging Report, Left Knee MRI, dated 1/3/08 – 1 page
Imaging Report, Lumbar Spine and Left Knee x-ray, dated 1/3/08 – 1 page
Surgery Reservation Sheet – 1 page
Copies of literature, Chapter 11 – Microsurgical Anular Reconstruction (Anuloplasty) Following Lumbar Microdiscectomy,– 2 pages
Copies of literature, Chapter 15 – Repair of the Anulus Fibrosus (Anuloplasty) After Lumbar

Discectomy – 2 pages
Letter from Texas Department of Insurance dated 1/16/09 – 1 page
Request for Designated Doctor – 3 pages
Surgery Reservation Sheet – 1 page
Operative Report 2/29/08 – 3 pages
Postoperative Visit During Global Period 3/14/08 – 1 page
Postoperative Visit During Global Period 4/23/08 – 1 page

Patient clinical history [summary]

The patient is a male who was injured xx months ago and is indicated for L4-5 microdiscectomy/laminectomy with anular repair by Dr.. The patient complains of back and left lower extremity pain, but his medical history is significantly complicated by known left knee injury at the time of his back injury that required surgery by Dr. in February 2008. Repeated physical examinations by multiple providers have yielded discrepant results regarding neurological impairment, if any. Dr., in particular, most recently has documented findings of normal motor examination and "some slight weakness in the left Achilles reflex". Imaging results have shown no evidence of disk space collapse or instability in the lumbar spine on x-ray (January 3, 2008) and a 3 mm disk herniation/protrusion at L4-5 without neural element compression or effacement and clear bilateral neural foramina on MRI (January 3, 2008). The patient is reported to have undergone epidural steroid injections and physical therapy (back school), but the primary notes from these encounters are not provided for review. Electrodiagnostics interpreted by Dr. do not correlate with a radiculopathic etiology for the patient's symptoms, but do suggest a bilateral peroneal nerve mononeuropathy. Discography was requested by Dr., but non-certified and upheld at multiple levels of review.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

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A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG Indications for Surgery -- Discectomy/laminectomy --

ODG, Low Back, Discectomy/laminectomy