

DATE OF REVIEW: 5/8/2009
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Foraminotomy, L4-5 and L5-S1, with 2 day length of stay

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from and completed training in Orthopaedics at. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 7/11/2004 and currently resides in.

REVIEW OUTCOME:

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

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

Foraminotomy, L4-5 and L5-S1, with 2 day length of stay Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

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Advanced Medical Reviews, Inc

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male who presents with low back and bilateral extremity pain with numbness. He is status post injections as well as spine surgery in 1999 which increased his pain. A MRI conducted 5/29/2008 shows posterior fusion at T12 and L1 with pedicle screw hardware.

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

The claimant is a male with a date of injury of xx-xx-xx. He was seen by MD on 7/14/08 and the diagnosis was subacute sciatica. Claimant has previous spine fusion in 1999 from T12-L1. According to the intake/initial evaluation note, this did not provide relief. In addition, the 7/14 initial evaluation indicates the injured worker had MRI in 2001 which demonstrated L5-S1 disc herniation.

In the 7/14 note, the injured worker strength was 5-/5 to 5/5 for his left lower extremity with positive dural tension signs. The injured worker was referred for ESI. No long term relief was provided by the ESI. A MRI from 5/29/08 was only positive for L3-4 minimal broad based bulge. There was no mention of L5-S1 bulge.

The clinic note from 11/08 did not provide a thorough PE clinical result, but it did indicate dural tension signs. There was a CT myelogram dated 2/2/09 significant for mild LDH and/or disc space narrowing throughout LS. At the L4-5 level there was moderate right and mild left foraminal narrowing due to facet hypertrophy. At L5-S1 there was a right moderate to severe and a moderate left foraminal narrowing due to facet degenerative disease.

Clinical notes from 2/24 do not provide any clear physical exam data or indication of change in complaints of injured worker. There was indication of possibly another ESI at left L5-S1, but no follow up if this was completed. Radiographs were "pretty normal" of lumbar spine.

The indications for foraminotomy include far lateral disc herniations. The injured worker does not have any indication of this. In addition, there is not adequate documentation of response or even confirmation if a L5-S1 ESI was completed in 2/09. In addition, the most severe stenosis on CT myelogram is on the right side, yet there are plans for left ESI. That brings up question of discordance of CT myelogram and clinical findings (yet there has been no thorough clinical evaluation since 7/14). In addition, with a previous fusion, it is not unusual to get degenerative changes at levels below the fusion, which this worker has.

Overall, the injured worker has degenerative disease of his spine, with foraminal narrowing of his lower lumbar spine. Due to previous history of fusion, it is not abnormal. The request for foraminotomy is denied due to lack of clinical indications according to ODG guidelines. In addition, the request for 2 days inpatient stay is denied as surgery is not medically necessary. Therefore, the previous denial is upheld.

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

X 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)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)