

Notice of Independent Review Decision

DATE OF REVIEW: 10/30/2009
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient Revision Laminectomy L4-5 63042-2 Day LOS

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Maryland School of Medicine and completed training in Orthopaedics at University Hospital at Case Western Reserve. 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 MO.

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)

Inpatient Revision Laminectomy L4-5 63042-2 Day LOS Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notice dated 10/12/2009
2. Request for a review by author unknown, dated 10/5/2009
3. Letter by DO, dated 9/11/2009
4. Notification of reconsideration by MD, dated 9/25/2009
5. IRO request form dated unknown
6. Review summary by DO, dated unknown
7. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male who sustained an injury to his low back on xx/xx/xx. He apparently developed an L5 sensory-motor radiculopathy and underwent an L4-5 microdiscectomy on 6/22/09. His recovery from the surgery has been slow due to the development of a superficial wound infection, which was treated with local wound care and antibiotics. In addition, he continues to have persistent low back pain that radiates into his buttocks and leg despite being managed with oral medications and physical therapy.

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

The injured employee's most recent physical exam demonstrated a positive straight leg raise test, weakness and sensory disturbance in an L5 distribution, and decreased lower extremity reflexes; however, these changes were consistent with his pre-operative findings and do not appear to represent any progressive neurologic deficit. His MRI with contrast from 8/25/09 revealed post-operative changes such as a partial laminectomy and some decreased disc height and signal at the L4-5 disc. Furthermore, there was some abnormal soft tissue on the ventral side of the disc, which was decreased as compared to before surgery. Additionally, there was some enhancing tissue around the L5 nerve root that was consistent with granulation tissue, as well as a possible component of a residual disc bulge; however, there was no obvious nerve root compression. While the injured employee's continues to have symptoms despite several non-operative interventions, he is only a little more than three months out from his initial surgery and there is no obvious structural abnormality on the MRI to suggest any new surgical pathology.

Review of the literature demonstrates a greater reported incidence of long-term recurrent back and leg pain after primary aggressive discectomy, but a greater reported incidence of recurrent disc herniation after primary limited discectomy. Same-level recurrent lumbar disc herniation complicates outcomes after primary discectomy in a small subset of patients. Some studies have shown that conventional open discectomy, when performed as a revision surgery for recurrent lumbar disc herniation, has demonstrated satisfactory results comparable with those of primary discectomy; however, other studies have suggested that prolonged conservative management should be attempted when possible. In light of the patient's lack of progressive neurologic deficit, equivocal imaging findings, and absence of any selective injections, the medical necessity for the revision lumbar discectomy has not been established according to the peer reviewed literature and ODG Guidelines. The recommendation is to uphold the denial.

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

Ambrossi GL, McGirt MJ, Sciubba DM, Witham TF, Wolinsky JP, Gokaslan ZL, Long DM. Recurrent lumbar disc herniation after single-level lumbar discectomy: incidence and health care cost analysis. *Neurosurgery*. 2009 Sep; 65(3):574-8.

McGirt MJ, Ambrossi GL, Dato G, Sciubba DM, Witham TF, Wolinsky JP, Gokaslan ZL, Bydon A. Recurrent disc herniation and long-term back pain after primary lumbar discectomy: review of outcomes reported for limited versus aggressive disc removal. *Neurosurgery*. 2009 Feb; 64(2):338-44.

Suk KS, Lee HM, Moon SH, Kim NH. Recurrent lumbar disc herniation: results of operative management. *Spine*. 2001 Mar 15; 26(6):672-6.

Legrand E, Bouvard B, Audran M, Fournier D, Valat JP. Sciatica from disk herniation: Medical treatment or surgery? *Joint Bone Spine*. 2007 Dec; 74(6):530-5. Epub 2007 Sep 19.

Atlas SJ, Keller RB, Wu YA, Deyo RA, Singer DE. Long-term outcomes of surgical and nonsurgical management of sciatica secondary to a lumbar disc herniation: 10 year results from the Maine lumbar spine study. *Spine*. 2005 Apr 15; 30(8):927-35.

Armon C, Argoff CE, Samuels J, Backonja MM. Assessment: use of epidural steroid injections to treat radicular lumbosacral pain: report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. *Neurology*. 2007 Mar 6; 68(10):723-9.

Botwin KP, Gruber RD, Bouchlas CG, Torres-Ramos FM, Sanelli JT, Freeman ED, Slaten WK, Rao S. Fluoroscopically guided lumbar transformational epidural steroid injections in degenerative lumbar stenosis: an outcome study. *Am J Phys Med Rehabil.* 2002 Dec;81(12):898-905.

Boswell MV, Hansen HC, Trescot AM, Hirsch JA. Epidural steroids in the management of chronic spinal pain and radiculopathy. *Pain Physician.* 2003 Jul;6(3):319-34.

Abdi S, Datta S, Trescot AM, Schultz DM, Adlaka R, Atluri SL, Smith HS, Manchikanti L. Epidural steroids in the management of chronic spinal pain: a systematic review. *Pain Physician.* 2007 Jan;10(1):185-212.