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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 2, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Lumbar laminectomy and discectomy L4-5(63047)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.2, 724.4	63047		Prop	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 44 pages of records received to include but not limited to:
Request for an IRO forms; 6.10.09, 6.17.09; Dr. notes 12.9.08-6.16.09; MRI L-Spine 10.9.08;
report 3.9.09-6.8.09; note, Dr. 7.20.09

Requestor records- a total of 9 pages of records received to include but not limited to:
Dr. notes 12.9.08-6.16.09; MRI L-Spine 10.9.08

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with an October 9, 2008 MRI that outlines a 6 mm disc lesion at L3-4, a 5mm lesion at L4/5 and a diffuse disc lesion at L5/S1 causing L5 nerve root encroachment.

Dr. examined the injured employee on December 9, 2008 noting the MRI changes and felt that there was a left L4-5 neural encroachment

Dr. saw Mr. in follow-up on February 27, 2009 and noted this 5'11" 190 pound gentleman to have a disc lesion. Epidural steroid injections were suggested.

A referral was made to Dr. who completed his initial evaluation on March 9, 2009 and endorsed the epidural steroid injections. The injection was carried out and on June 8, 2009 Dr. felt that this was not successful and that another injection would not meet Official Disability Guidelines standards

The following day Dr. re-examined the injured employee and noted that physical therapy was of no help, that the epidural steroid injections did not help and the injections might have worsened the symptoms. There was a suggestion for a lumbar laminectomy.

On June 12, this surgery was not certified as there was no documentation to the response to oral steroids and that there were multiple level disc lesions with no clear data explaining why this specific level was sought.

In response on June 16, 2009, Dr. completed another evaluation, noting that the oral steroids did not help, that there was still leg pain and that the L4-5 laminectomy was required.

A repeat pre-authorization request was made and the surgery was non-certified. It would appear that there were some questions but that Dr. was not available to speak with the reviewing provider. Dr. feels that surgery is indicated.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

When considering this request, I referred to the Official Disability Guidelines. As listed the requirements for such a procedure are:

ODG Indications for Surgery™ -- Discectomy/laminectomy --

Required symptoms/findings; imaging studies; & conservative treatments below:

I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383. ([Andersson, 2000](#)) Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging.

Findings require ONE of the following:

- A. L3 nerve root compression, requiring ONE of the following:
 1. Severe unilateral quadriceps weakness/mild atrophy
 2. Mild-to-moderate unilateral quadriceps weakness
 3. Unilateral hip/thigh/knee pain

- B. L4 nerve root compression, requiring ONE of the following:
 1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
 2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
 3. Unilateral hip/thigh/knee/medial pain
- C. L5 nerve root compression, requiring ONE of the following:
 1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
 2. Mild-to-moderate foot/toe/dorsiflexor weakness
 3. Unilateral hip/lateral thigh/knee pain
- D. S1 nerve root compression, requiring ONE of the following:
 1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy
 2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness
 3. Unilateral buttock/posterior thigh/calf pain

(EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)

II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:

- A. Nerve root compression (L3, L4, L5, or S1)
- B. Lateral disc rupture
- C. Lateral recess stenosis

Diagnostic imaging modalities, requiring ONE of the following:

1. [MR](#) imaging
2. [CT](#) scanning
3. [Myelography](#)
4. [CT myelography](#) & X-Ray

III. Conservative Treatments, requiring ALL of the following:

- A. [Activity modification](#) (not bed rest) after [patient education](#) (>= 2 months)
- B. Drug therapy, requiring at least ONE of the following:
 1. [NSAID](#) drug therapy
 2. Other analgesic therapy
 3. [Muscle relaxants](#)
 4. [Epidural Steroid Injection](#) (ESI)

While noting that EMGs are optional, there needs to be unequivocal evidence of a verifiable radiculopathy. I do not see such based on these records. There are multiple pain generators and the specific lesion is not outlined or supported with clinical data. Given the degenerative changes and the multiple level disc lesions, there is no clear clinical indication for the request.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES