

# **INDEPENDENT REVIEWERS OF TEXAS, INC.**

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 09/24/09

**IRO CASE NO.:**

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

Item in dispute: Lumbar laminectomy L5-S1 (right and left) with discectomy annular patch and 23-hour observation between 8/6/09 and 10/5/09

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

Texas Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

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

Denial Upheld

**PATIENT CLINICAL HISTORY (SUMMARY):**

This employee was injured on xx/xx/xx when lifting. He began having low back pain that radiated to the left leg.

Dr. examined the employee on 03/08/07 and found tenderness in the lumbar spine with restricted range of motion. Straight leg raising caused left leg pain to the ankle. X-rays were essentially normal with loss of disc height at L4-L5 and L5-S1 associated with considerable hypertrophic changes.

An MRI of the lumbar spine was performed on 03/21/07 and reported a broad 3 mm disc protrusion at L4-L5 with compromise of the neural foramen bilaterally. At L5-S1, there was a 9 mm disc herniation impinging on the left S1 nerve root and left anterolateral thecal sac.

An EMG was performed on 04/24/07 and reported a bilateral L5 and left S1 nerve root radiculopathy.

Dr. examined the employee on 03/12/09 and reported decreased motor strength bilaterally, an inability to toe or heel walk, walking with a cane, and diminished reflexes globally. Dr. recommended a bilateral laminectomy at L5-S1 and an annular patch.

Dr. saw the employee again on 08/03/09 and again recommended surgery.

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

The employee has objective findings that are consistent with an S1 radiculopathy. The annular patch requested by Dr. is experimental and not recommended by ***Official Disability Guidelines***. Therefore, the request is not certified.

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

**1. Official Disability Guidelines**