

Notice of Independent Review Decision

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 08/07/10

**IRO CASE #:**

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

Outpatient lumbosacral L5/S1 microdiscectomy

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering chronic spine problems

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
722.73	63030		Prosp.	1					

**INFORMATION PROVIDED FOR REVIEW:**

1. Certificate of Independence of the Reviewer.
2. TDI case assignment.
3. Letters of denial 06/03/10 and 06/08/10, including criteria used in the denial, and Prospective IRO Review Response 07/23/10.
4. URA documentation and correspondence 05/26/06, 02/02, 02/09, 05/27 & 07/23/10.
5. Operative reports and follow up 05/15, 06/12, 07/17 & 08/14/06.
6. Pain management evaluation and follow up 04/19/06 – 05/28/10.
7. Spine specialist's evaluation and follow up 04/19/06 – 05/28/10.
8. Pre-operative H&P 12/02/03 and operative report 01/05/04.
9. Radiology reports 05/03 – 09/09.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient is a male who suffered an injury on xx/xx/xx while driving. The mechanism of injury is not described. He subsequently developed low back pain and bilateral leg pain, more severe on the left than on the right. He has been evaluated by a number of physicians. He underwent an L5/S1 microdiscectomy on 01/05/04. He was transiently improved. Subsequently he developed continued low back pain and left leg pain. He has been able to continue to work as a heavy equipment operator. He has undergone numerous non-operative treatments including medications, epidural steroid injections, and selective nerve root blocks with persistent symptoms. He has MRI scan evidence of postoperative changes in the region of L5/S1. He has had numerous requests for the performance of 360-degree spine fusion and microdiscectomy at L5/S1,

which have been repeatedly denied. The physical findings are not consistent and do not confirm objective physical findings to satisfy requirements of the ODG for the approval of repeat revision of L5/S1 microdiscectomy.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

The patient has persistent painful complaints. However, there are no consistent physical findings to suggest objective findings of radiculopathy. The straight leg raising test has been periodically equivocal and even negative. He has had no consistent physical findings documented to confirm radiculopathy. The request to perform outpatient L5/S1 microdiscectomy has been considered and denied, reconsidered and denied. It would appear that the decision to deny preauthorization is appropriate and should be upheld.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)