Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 8/20/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal APPR)

QUALIFICATIONS OF THE REVIEWER:

Neurosurgery, Surgery Spine

REVIEW OUTCOME:

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

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

Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal APPR) Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Letter by, dated 8/4/2010
2. Notice to utilization by dated 8/2/2010
3. IRO request form dated 7/30/2010
4. Letter by, dated 7/29/2010
5. Phone consult by MD, dated 7/28/2010
6. Letter by, dated 7/26/2010
7. Request form dated 7/23/2010
8. Letter by, dated 7/14/2010
9. Phone consult by MD, dated 7/13/2010
10. Physician review recommendation by MD, dated 5/6/2010
11. Letter by., dated 5/6/2010
12. Letter by, dated 5/6/2010
13. Fax page dated 4/30/2010
14. Fax page dated 4/30/2010
15. Encounter summary dated 4/26/2010
16. Report of medical evaluation dated 2/18/2010
17. History note by MD, dated 2/18/2010
18. Nerve conduction study by MD, dated 2/2/2010
19. Encounter cases dated 11/10/2009 to 4/26/2010
20. Clinical note dated 11/10/2009 to 2/2/2010
21. Request form dated unknown
22. Request form dated unknown
23. The ODG Guidelines were not provided

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male who allegedly sustained an injury on xx/xx/xx while lifting some bags at work. The injured employee has complaints of low back pain with radiation into the right lower extremity and lateral foot. Neurological examination is normal. EMG on 2/2/2010 was consistent with mild right S1 radiculopathy and also some peripheral neuropathy from diabetes. MRI of the lumbosacral spine on 10/17/2009 was interpreted as showing moderate degeneration of the disc with bulging and extrusion of a moderate to large disc fragment at the L5/S1 level. There is inadequate documentation of trials of available conservative treatment or any pain management. There is no documentation that the injured employee has ever had any physical therapy. Psychological factors have not been addressed. There is no documentation of gross spinal instability on flexion extension radiographs. The request is for an L5/S1 TLIF lumbar fusion.

He reported to have sustained an injury to his low back on xx/xx/xx. On the date of injury he was getting some bags. When he twisted to put the bags on forklift he hurt his low back. He later underwent plain radiographs of the lumbar spine which showed mild loss of disc height at L4-5 and L5-S1. He was initially treated for lumbar strain by Dr.. He was referred for MRI of the lumbar spine on 10/17/09 which revealed moderate degeneration of disc at L4-5 with posterior bulge and extrusion of relatively large disc fragment inferiorly in midline in both paramedian regions consistent with relatively large acute to subacute herniation with moderate stenosis of canal secondary to this. At L5-S1 there is moderate degeneration of disc with bulging and extrusion of moderate large disc fragment that may be subacute in midline and left paramedian region extending superiorly to mild degree. There is relative stenosis of spinal canal at this level but milder than at the L4-5 level. The injured employee was later referred for EMG/NCV study on 02/02/10. This study reports a mild right S1 radiculopathy and mild to moderate generalized sensory motor peripheral neuropathy most consistent with diabetes mellitus. The injured employee was evaluated by Dr. who recommended further physical therapy and pain management. He ordered flexion/extension radiographs.

On 02/18/10 the injured employee was evaluated by Dr. a designated doctor. Dr. notes history above. At the time of evaluation the injured employee complains of low back pain down posterolateral and anterolateral aspects of right leg with intermittent numbness in the anterior left thigh. He reports burning sensation of both feet. His pain is made less by not moving. He rates his pain as being 6/10. The injured employee is well developed and well nourished. His gait is not particularly antalgic, although he walks with diminished stride length. He can walk on his toes and heels. He can squat and stand from low lying stool. There is mild tenderness to palpation deeply in the sacroiliac and lower lumbar areas. This does not particularly reproduce his pain. Straight leg raise was 90 degrees bilaterally with supine straight leg raise of 60 degrees on right and 66 on left causing low back pain. Reflexes were 2+ and symmetric at knee and absent at ankles. Sensation was intact. Muscle strength was graded as 5/5. Dr. opines the injured employee is not at MMI. The injured employee is undergoing neurosurgical evaluation and appears to be a candidate for surgical intervention and notes he has been refractory to conservative treatment. He provides work restrictions.

On 04/26/10 he was seen in follow-up by Dr.. At this time he reports the injured employee has not had any formal physical therapy or interventional pain management since the last visit. At this time on examination Dr. reports he has 4/5 weakness in plantar flexion of the left foot and subsequently recommends an L5-S1 TLIF. Records indicate previously on 02/02/10 Dr. recommended the injured employee see his treating provider and undergo a course of physical therapy to ensure he had sufficient conservative treatment.

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

The submitted clinical records indicate the injured employee is a male who has a significant disc herniation per the clinical record at L4-5 level with extrusion of relatively large disc fragment inferiorly. At L5-S1 there is disc bulge and reported extrusion of moderate large disc fragment. The injured employee has been treated with oral medications. There is no indication he has undergone physical therapy. He does not have clear evidence of active radiculopathy and is noted to be diabetic, which is a relative contraindication to the performance of epidural steroid injections. He subsequently on multiple occasions has been submitted for surgery. In accordance with the Official Disability Guidelines, the injured employee should complete a course of physical therapy as well as be referred for preoperative psychiatric evaluation. In multiple instances the injured employee has not undergone and completed a course of physical therapy nor has he been referred for psychiatric evaluation. Therefore, the medical necessity of the request has not been established. The previous determinations are 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)