

P&S Network, Inc.

8484 Wilshire Blvd, Suite 620, Beverly Hills, CA 90211

Ph: (323)556-0555 Fx: (323)556-0556

Notice of Independent Review Decision

DATE OF REVIEW: 03/04/2010

IRO CASE #:

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

This case was reviewed by a Orthopaedic Surgery, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left L5-S1 discectomy and indicated procedures

REVIEW OUTCOME

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

Overtuned (Disagree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- O Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o 11-10-09 Medical report from Dr.
- o 11-12-09 MRI of the lumbar spine read by Dr.
- o 11-25-09 Medical report from Dr.
- o 12-29-09 MRI of the cervical spine read by Dr.
- o 01-08-10 Medical report from Dr.
- o 01-21-10 Adverse Determination letter from IMO
- o 02-11-10 Adverse Determination letter for reconsideration from IMO
- o 02-03-10 Request for reconsideration from Dr.
- o 02-23-10 Request for IRO from the Claimant
- o 02-23-10 Confirmation of Receipt of Request for IRO from TDI
- o 02-24-10 Notification of Agent Assignment of IRO from TDI

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records and prior reviews the patient is a who sustained an industrial injury to the low back on xx/xx/xx when lifting a patient. He has been followed for low back pain that radiates to the left foot. According to the examination of November 10, 2009, he is using hydrocodone from his wife and high doses of ibuprofen. His leg pain is much greater than his back pain.

The patient was examined orthopedically on September 10, 2009 for low back pain and severe left leg pain to the foot. His pain is unrelenting. He does not smoke. Gait is antalgic. Motor strength and sensation are normal. He can perform heel and toe walk but with pain. He has sustained Hoffman bilaterally and some long tract signs of clonus. Deep tendon reflexes are absent at the left ankle. Sitting and supine straight leg raising is exquisitely positive bilaterally. X-rays reveal minimal, if any, spondylosis. No listhesis or fracture is seen. Impression is lumbar radicular syndrome likely secondary to herniated nucleus pulposus of L5-S1, left and possible subtle occult myelopathy. Lumbar MRI was recommended and also cervical MRI due the long tract signs. He continues to work full time.

Lumbar MRI was performed on November 12, 2009 and provided impression: Large left paracentral herniation at L5-S1 causes moderate to severe canal narrowing. The findings note moderate to severe spinal canal stenosis and severe left lateral recess

compression with involvement of the left S1 nerve root, and moderate to severe bilateral neural foraminal narrowing. Cervical MRI of the same date showed mild to moderate lower cervical spondylosis and several disc bulges causing moderate canal stenosis and mild right neural foraminal narrowing at C6-7.

The patient was reevaluated on November 25, 2009. The MRI was reviewed. There is a very large extruded disc herniation at L5-S1 on the left with obliteration of the foramen and lateral recess and significant occlusion of the spinal canal at this level. His examination is unchanged. A cervical MRI is also desired to rule out any myelopathy.

At reevaluation on January 8, 2010 the patient was noted to be over 8 weeks post injury with persisting intractable pain. Surgical intervention is recommended.

Request for left L5-S1 discectomy and indicated procedures was considered in review on January 21, 2010 with recommendation for non-certification. The patient is a firefighter who developed low back and left leg pain when lifting a stretcher with an injured person on it. Severe pain is noted as well as difficulty with heel and toe gait and positive left leg raise and absent left ankle jerk. No gross motor or sensory deficits were noted. MRI showed a large HNP L5-S1 to the left obliterating the foramen, lateral recess with occlusion of the spinal canal. Radiographs show slight scoliosis with rotation deformity. He is using anti-inflammatories and hydrocodone. Diagnostic include MRI. He meets guideline requirements for a surgery with exception of documentation of a support provider referral such as physical therapy. A peer discussion was attempted but not realized.

Reconsideration was requested on February 3, 2010. The patient is under care for severe left lower extremity pain "and weakness" secondary to disc herniation at L5-S1. His surgery has been denied. Reconsideration is requested based on the size of the disc herniation and the severity of his symptoms along with his "coexisting weakness."

Request for reconsideration left L5-S1 discectomy and indicated procedures was considered in review on February 11, 2010 with recommendation for non-certification with identical summary and rationale as the first line denial. A peer discussion was attempted but not realized.

Request was made for an IRO.

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

ODG criteria for a surgery to relieve neurcompression at L5-S1:

- Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
 - 2. Mild-to-moderate foot/toe/dorsiflexor weakness
 - 3. Unilateral hip/lateral thigh/knee pain

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

C. Support provider referral, requiring at least ONE of the following (in order of priority):

- 1. Physical therapy (teach home exercise/stretching)
- 2. Manual therapy (chiropractor or massage therapist)
- 3. Psychological screening that could affect surgical outcome
- 4. Back school

MRI findings may be pre-existing degenerative findings. Examination findings have not documented a motor or sensory loss in a dermatomal pattern. However, the reconsideration letter notes pain and weakness. The patient has a large HNP probably extruded. Physical therapy is not going to cure the problem. Straight leg is positive. He also has some weakness. The patient should proceed to a surgery. Therefore, recommendation is to disagree with the previous non-certification for left L5-S1 discectomy and indicated procedures.

The IRO's decision is consistent with the following guidelines:

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

____ AHCP- 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

The Official Disability Guidelines - (02-23-2010) Lumbar Chapter - Discectomy and Laminectomy:

Recommended for indications below. Surgical discectomy for carefully selected patients with radiculopathy due to lumbar disc prolapse provides faster relief from the acute attack than conservative management, although any positive or negative effects on the lifetime natural history of the underlying disc disease are still unclear. Unequivocal objective findings are required based on neurological examination and testing.

According to a new study, surgery provides better results than non-surgical treatment for most patients with back pain related to a herniated disk, but not for those receiving workers' compensation.

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:

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 (\geq 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)
- C. Support provider referral, requiring at least ONE of the following (in order of priority):
 1. Physical therapy (teach home exercise/stretching)
 2. Manual therapy (chiropractor or massage therapist)
 3. Psychological screening that could affect surgical outcome
 4. Back school (Fisher, 2004)