



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax:
877-738-4395

**Notice of Independent Review Decision
IRO REVIEWER REPORT – WC (Non-Network)**

DATE OF REVIEW: 09/23/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient endoscopic L4-L5 discectomy

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

Board Certified in Orthopedic Surgery

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Outpatient endoscopic L4-L5 discectomy - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An Employee's Report of Injury form dated 08/20/08
Evaluations with M.D. dated 08/20/08, 08/27/08, 09/03/08, 09/08/08, and 09/22/08

An emergency room visit with, M.D. dated 08/22/08

A CT scan of the lumbar spine interpreted by, M.D. dated 08/22/08

Physical therapy with, P.T. dated 09/17/08

An ultrasound interpreted by, M.D. dated 09/19/08

An evaluation with, M.D. dated 09/29/08

Evaluations with, M.D. dated 10/03/08, 10/30/08, 06/02/09, 06/24/09, 07/20/09, 08/04/09, 09/16/09, 12/08/09, 02/16/10, 03/02/10, 04/14/10, and 06/16/10

A request to change treating doctor form dated 10/03/08

A PLN-11 form dated 10/09/08

An MRI of the pelvis interpreted by M.D. dated 10/13/08

A letter to Dr. from attorney, L.L.P. dated 10/29/08

Evaluations with, P.T. dated 11/04/08 and 12/09/08
Letters of non-authorization, according to the Official Disability Guidelines (ODG), from dated 11/11/08, 11/18/08, 10/14/09, 10/28/09, 07/27/10, and 08/04/10
A peer review from, M.D. dated 11/13/08
Evaluations with, D.C. dated 12/10/08, 12/17/08, 01/07/09, 02/03/09, 03/02/09, 03/30/09, 04/22/09, 05/18/09, 06/15/09, 07/13/09, 08/10/09, 09/08/09, 11/02/09, 12/07/09, and 01/04/10
Letters of medical necessity from Dr. dated 12/10/08
An MRI of the lumbar spine interpreted by an unknown provider (no name or signature was available) dated 12/19/08
A pathology report provided by Dr. (no credentials were listed) dated 12/19/08
Evaluations with, M.D. dated 01/05/09, 01/26/09, 04/09/09, 05/07/09, 05/28/09, and 05/29/09
Designated Doctor Evaluations with, M.D. dated 01/06/09 and 08/11/09
An EMG/NCV study interpreted by Dr. dated 01/06/09
Procedure notes from Dr. dated 01/23/09 and 04/03/09
Range of motion and strength testing dated 01/27/09
Required Medical Evaluations (RMEs) with, M.D. dated 03/05/09 and 02/02/10
Letters of authorization from dated 07/15/09 and 08/06/09
A behavioral assessment with L.C.S.W. dated 07/17/09
Therapy with Ms. dated 07/29/09, 08/05/09, 08/10/09, and 08/17/09
Laboratory studies dated 10/10/09 and 02/27/10
A Functional Capacity Evaluation (FCE) with an unknown provider (no name or signature was available) dated 12/16/09
A psychological evaluation with, M.S., L.P.C. dated 01/11/10
An evaluation with, M.D. dated 02/12/10
An MRI of the lumbar spine interpreted by, M.D. dated 02/16/10
Chronic pain management with, M.S., L.P.C. dated 04/02/10
A letter to Dr. from, Ombudsman, dated 05/06/10
An IRO request from, M.D. dated 06/17/10
Evaluations with, M.D. dated 06/24/10 and 07/08/10
An evaluation with, M.D. dated 07/15/10
A reconsideration request from Dr. dated 07/15/10
A preauthorization request form from Dr. dated 07/20/10
An FCE with Dr. dated 08/17/10
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On xx/xx/xx, the patient stated the chair she was sitting in dropped from its back position and she had pain to the tailbone and buttock. On 08/20/08, Dr. provided a Toradol injection and recommended light duty and over-the-counter anti-inflammatories. A CT scan of the lumbar spine interpreted by Dr. on 08/22/08 showed mild disc bulging at L2-L3 and L3-L4, as well as moderate disc space narrowing and bulging with a possible superimposed far left posterolateral protrusion at L4-L5. Physical therapy was performed with Mr. on 09/17/08. An ultrasound of the bilateral lower extremities interpreted by Dr. on 09/19/08 showed an 11 cm. greatest dimension hypoechoic solid fairly avascular lesion that might reflect a lipoma. On 09/29/08, Dr. suspected a soft tissue tumor and

recommended excision. On 10/09/08, the insurance carrier accepted contusions of the buttocks, sacrum, and coccyx and disputed all other injuries. An MRI of the pelvis interpreted by Dr. on 10/13/08 showed a very large lipoma from the superficial aspect of the left gluteus maximus. On 11/11/08, wrote a letter of non-authorization for physical therapy three times a week for three weeks. On 11/13/08, Dr. recommended only over-the-counter anti-inflammatories and a home exercise program. An MRI of the lumbar spine interpreted by an unknown provider on 12/19/08 showed discogenic changes most prominent at L4-L5 with left foraminal narrowing. On 01/05/09, Dr. recommended an EMG/NCV study of the lower extremities, an epidural steroid injection (ESI), and Naprosyn and Flexeril. On 01/06/09, Dr. felt the patient was not at Maximum Medical Improvement (MMI) but was expected to reach it on or about 07/01/09. An EMG/NCV study interpreted by Dr. on 01/06/09 showed evidence suggestive of bilateral tibial motor neuropathy and acute and/or ongoing left S1 radiculopathy with right S1 nerve root irritability. Lumbar ESIs were performed by Dr. on 01/23/09 and 04/03/09. On 03/05/09, Dr. felt the patient was not at MMI. On 05/07/09, Dr. requested a bilateral S1 transforaminal ESI. Trigger point injections were performed by Dr. on 05/29/09. On 06/02/09, Dr. wanted to wean the patient from the narcotics and recommended possible transforaminal nerve root blocks. On 07/17/09, Ms. requested four individual therapy sessions, which were performed through August 2009. On 08/11/09, Dr. placed the patient at MMI with a 5% whole person impairment rating. An FCE on 12/16/09 indicated the patient functioned at a sedentary physical demand level and a pain management program was requested. On 02/02/10, Dr. felt the patient had somatoform pain disorder and recommended a tertiary rehabilitation program. A lumbar MRI interpreted by Dr. on 02/16/10 showed spondylotic degenerative changes at L4-L5 with a disc herniation/protrusion. Chronic pain management was performed on 04/02/10. On 06/16/10, Dr. prescribed Tramadol, Gabapentin, and Alprazolam. On 06/24/10, Dr. recommended a caudal ESI. On 07/08/10, Dr. recommended lumbar spine surgery. On 07/15/10, Dr. also recommended lumbar surgery. On 07/27/10 and 08/04/10, wrote letters of non- authorization for the lumbar surgery. An FCE with Dr. on 08/17/10 indicated the patient functioned at the less than sedentary physical demand level.

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

When the claimant was examined by Dr. she was found to have multiple positive Waddell's signs and no positive neurological findings. Her sensory examination did not demonstrate any deficits. Her motor examination did not demonstrate any deficits. When examined by her own physicians, neurologically she is noted to be intact. In response to Dr.'s comments, while the AMA Code 63030 is for open or endoscopically assisted approach, the Official Disability Guidelines (ODG) and current medical research specifically addressed these differently. There is a recent Meta-Analysis Review that indicates the endoscopic approach is not nearly as effective as the open approach. The ODG does not endorse the endoscopic approach at this time. Therefore, the requested outpatient

endoscopic L4-L5 discectomy is neither reasonable nor necessary and the previous adverse determinations should be 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 AND KNOWLEDGE BASE
- 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
- 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)