

Notice of Independent Review Decision  
**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 9/22/2010

**IRO CASE #:**

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

Lumbar microdiskectomy L4-5

**QUALIFICATIONS OF THE REVIEWER:**

Orthopaedics

**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)  
Lumbar microdiskectomy L4-5 Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Notice to air analyses by, dated 9/2/2010
2. Notice to utilization review agent of assignment by, dated 9/2/2010
3. IRO form by author unknown, dated 9/1/2010
4. Request for review by author unknown, dated 8/31/2010
5. Letter by MD, dated 8/11/2010
6. Preauthorization request by author unknown, dated 8/4/2010
7. Notification of determination by MD, dated 7/15/2010
8. Review summary by MD, dated 7/15/2010 & 8/10/2010
9. History note by MD, dated 6/25/2010
10. Order requisition form dated 6/25/2010 to 7/14/2010
11. Re-evaluation by PhD, dated 6/4/2010
12. History note by author unknown, dated 4/30/2010
13. Presurgical behavioral health evaluation by PhD, dated 2/8/2010
14. MRI of the lumbar spine by MD, dated 1/13/2010

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a male who is reported to have sustained an injury to his low back on xx/xx/xx. The first available clinical record is an MRI of the lumbar spine dated 01/13/10. The study reports no abnormalities at L1-2, L2-3, and L3-4. At L4-5 there is a large left paracentral disc extrusion with extension of disc material. The disc protrusion measures 5 x 15 x 19 mm. The disc also impinges in the thecal sac in the left L5 nerve root causing severe lateral recess stenosis. At L5-S1 there is large posterior central disc extrusion with subligamentous extension of nuclear material. The disc extrusion measures 5 x 12 x 8 mm. The disc impinges upon the thecal sac.

On 02/08/10, the claimant was referred for a presurgical behavioral health evaluation. He is reported to be under the care of Dr.. It is reported that the patient sustained an injury to his low back when he fell off a ladder. He reports his average daily pain is 7-9/10. His pain increases with prolonged sitting or walking. Medication helps relieve his pain. He currently takes Hydrocodone 2-3 per day and Ibuprofen 2 times a day. He is reported to have received treated with physical therapy modalities, therapeutic exercises, and epidural steroid injections. It is noted that the purpose of the request was to evaluate the claimant for an anterior lumbar interbody fusion at L4-5 and L5-S1 with posterior lumbar decompression postural lateral fusion and pedicle and screw instrumentation at L4-5 and L5-S1. Claimant has a history of diabetes. The evaluator notes that the claimant is experiencing a significant amount of emotional distress which stems from his pain, physical limitations, and financial straining caused by his work injury. He is reported to not be coping well with his overall distress. He is experiencing significant ambivalence, anxiety, and fear about surgery. The claimant was opined to not be a surgical candidate until his mood is stabilized. He was subsequently recommended to undergo 4 individual psychotherapy sessions. On 06/04/10, the claimant was seen in follow-up by, PhD. Dr. opines that although the patient's diabetic condition is not stable at this time, he does not display significant psychological or behavioral risk factors to predict a poor outcome. The claimant is cleared for surgery; however, postoperative psychiatric treatment is recommended.

On 04/30/10, the claimant was evaluated by Dr.. At this time, he has complaints of low back pain radiating to the left lower extremity. He is reported to have undergone 1 year of physical therapy and has undergone 2 injections. He

has had an anti-inflammatory medications and activity modification. He has chiropractic treatment. He continues to remain symptomatic without significant relief. He reports the worst of his pain radiates into his left lower extremities. He has some sciatic notch and buttock pain as well. His past medical history is pertinent for diabetes. He is employed as a which requires a heavy physical demand level. On examination of the lumbar spine, reflexes were 2+ at the patella and Achilles. Lumbar flexion and extension is limited. He is able to ambulate with a normal heel to toe gait. He is able to walk on his heels and toes without difficulty. Motor exam of lower extremities demonstrate 4+/5 power in all groups. There is no spasm or tenderness of the lumbar spine. MRI is reviewed. The patient is opined to have chronic left lumbar radicular pain and large left sequestered L4-5 disc extrusion. He subsequently is recommended to undergo left L4-5 discectomy.

The claimant was seen in follow-up on 06/25/10. He continues to be severely symptomatic. He is reported to have had several hospitalizations for elevated blood sugars and diabetes. He is reported to have positive straight leg raise and positive cross straight leg raise. The claimant is opined to have chronic left lumbar radicular pain, a large left sequestered L4-5 disc extrusion, a broad based central L5-S1 disc protrusion, decreased signal in L4-5 and L5-S1. The claimant is again recommended to undergo left L4-5 microdiscectomy.

On 07/15/10 the request was reviewed by Dr. Dr. notes the request is non-certified. He reports the most recent MRI revealed evidence of large left paracentral disc extrusion at L4-5 level which impinges upon the thecal sac and the left L5 nerve root causing severe lateral recess stenosis. Clinical documentation indicates the claimant has been unresponsive to conservative treatment to include 3 epidural steroid injections, physical therapy and medication management. He notes the claimant underwent a presurgical psychological evaluation which was not cleared for any surgical procedure. He further reports the most recent clinic notes submitted for review failed to report objective findings of motor weakness or decreased sensation. As such, the request for lumbar microdiscectomy on the left at L4-5 level with preoperative labs, INR type and screen, chest x-ray and EKG was non-certified.

On 08/11/10 the case was reviewed by Dr.. Dr. non-certified the request. He notes that based on the submitted clinical notes that the patient did not demonstrate radiculopathy at the left L4-5, and there is no electrodiagnostic examination done to establish diagnosis. He further notes the patient is diabetic and there is no documentation regarding control of blood sugar to rule out diabetic neuropathy. He notes the claimant has undergone conservative treatment which included physical therapy, chiropractic care, medication management and injections. However, there were no physical therapy progress notes to assess the failure of treatment. He further notes the adequacy of pain medications has not been established. He further noted that no official reports of interventional injections were provided for review.

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

The previous non-certifications of lumbar microdiscectomy on the left at L4-5 are upheld. The submitted clinical records indicate the claimant sustained an injury to his low back as a result of lifting on xx/xx/xx. The patient is reported to have undergone extensive conservative treatment; however, no supporting documents were submitted for review. It is further noted the claimant has a history of diabetes which is reported to have not been adequately controlled. The claimant has undergone psychological evaluation in 02/08/10 and was found to not be an appropriate surgical candidate. He apparently underwent individualized psychotherapy, and as of 06/04/10 he is opined to be cleared for surgery with additional postoperative psychiatric treatment recommended. It is further reported his type II diabetes is not controlled. The claimant's imaging studies clearly indicate he has left lateralizing disc pathology at L4-5 level; however, the clinical records as provided do not include physical therapy records, or other data to establish failure of conservative treatment. Further, given the claimant's ambiguous clinical presentation, noting he has intact reflexes, normal gait, grade strength weakness globally in lower extremities, a definitive diagnosis for radiculopathy is not established. Given his history of poorly controlled diabetes, it is reasonable for the claimant to have been referred for EMG/NCV study to rule out diabetic peripheral neuropathy and provide definitive information regarding radiculopathy prior to undergoing surgical intervention. Both reviewers made valid points regarding the appropriateness of the requested surgery. As such, 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)