Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 9/23/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient lumbar spine surgery: L4-5-S1: Lumbar Laminectomy, Discectomy; L5-S1: Arthrodesis with Cages, Posterior Instrumentation

QUALIFICATIONS OF THE REVIEWER:

Orthopaedics, Surgery Trauma

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)

Inpatient lumbar spine surgery: L4-5-S1: Lumbar Laminectomy, Discectomy; L5-S1: Arthrodesis with Cages, Posterior Instrumentation Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notice of assignment by dated 9/14/2010
2. Letter by author unknown dated 9/10/2010
3. Letter by DO dated 9/1/2010
4. Letter by MD dated 8/17/2010
5. Nerve conduction study by MD dated 3/24/2010
6. Initial diagnostic screening by MS dated 11/17/2009
7. Office visit by MD dated 10/27/2009
8. Patient follow up by author unknown dated 5/22/2009 to 9/25/2009
9. Lumbar spine by MD dated 7/16/2007
10. Follow up visit by MD dated 6/14/2007
11. CT scan of the lumbar spine by MD dated 3/28/2007
12. MRI of the lumbar spine by MD dated 2/8/2006
13. MRI of the lumbar spine by MD dated 2/8/2006
14. Clinical note dated unknown
15. Notice of utilization by dated 9/14/2010
16. Request for a review by author unknown dated 9/13/2010
17. Request form by author unknown dated 9/13/2010
18. Letter by MD dated 9/10/2010
19. Letter by MD dated 9/10/2010
20. Letter by DO dated 9/1/2010
21. Letter by MD dated 8/17/2010
22. Nerve conduction study by MD dated 3/24/2010
23. Initial diagnostic screening by MS dated 11/17/2009
24. Office visit by MD dated 10/27/2009
25. Independent medical examination by MD dated 7/20/2009
26. Patient follow up by author unknown dated 4/22/2009 to 9/25/2009
27. Lumbar spine by MD dated 7/16/2007
28. Follow up visit by MD dated 6/14/2007
29. CT scan of the lumbar spine by MD dated 3/28/2007
30. MRI of lumbar spine by MD dated 2/8/2006
31. MRI of lumbar spine by MD dated 2/8/2006
32. ODG guidelines dated unknown
33. Fax page dated unknown
34. Clinical note dated unknown

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

injured employee, who presents with chronic low back pain with radiation to the lower extremity. According to the letter by MD, dated 09/10/2010, the injured employee demonstrated a positive spring test at L5-S1 positive Lasegue on the left at 45 degrees, decreased ankle jerk on the left, absent posterior tibial jerk bilaterally, paresthesias in the L5-S1 nerve root distribution on the left and weakness of gastroc soleus on the left. He has chronic back pain, numerous conservative treatment modalities including multiple radiographic studies; reported PT, reported medications; IME, psychological evaluation and multiple ESI's.

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

ODG Indications for Discectomy/laminectomy are the following:

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:

THIS IS NOT DOCUMENTED FOR REQUESTED LEVELS OF SURGERY AS NOTED IN BOLD

L4 nerve root compression, requiring ONE of the following:

1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
3. Unilateral hip/thigh/knee/medial pain

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

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: DOCUMENTED ON LEFT
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.)

EMG From 3/24/10: Chronic Poly-radiculopathy, Left L4 and 5 And Right S1 Increased Insertional Activity Of Paraspinals

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 FROM 2/8/06: 1 mm DISC BULGE AT L3-4; 3.5 mm bulge L4-5 with moderate stenosis
2. CT scanning 3/28/07L4-5 disc bulging, mild to moderate central canal stenosis; mild narrowing left neural foramen; at L5-s1 no evidence of disc herniation or stenosis
3. Myelography
4. CT myelography & X-Ray

Discography, most painful disc L2-3, then L4-5, then L3-4. No concordant pain L5-S1

III. Conservative Treatments, requiring ALL of the following:

A. Activity modification (not bed rest) after patient education (>= 2 months) THIS WAS COMPLETED

B. Drug therapy, requiring at least ONE of the following: This was mentioned in older notes of narcotics and muscle relaxants

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
   Patient With Severe Score Of Depression
4. Back school (Fisher, 2004)

To summarize, the old CT scan does not demonstrate disc herniation or stenosis at L5-S1; an IME report from 7/20/09 indicated the injured employee is a poor surgical candidate, he has high scores on depressive index, and the most recent exam is 11 months old. There is not concordance between physical exam and radiographic studies, the majority of studies and clinical exams are dated; there are unresolved/untreated psychological conditions which make

the injured employee a poor candidate for surgery. In addition, the requested procedure is not appropriate based on studies provided.

The requested procedure does not meet ODG criteria and the request is not medically necessary at this time. The recommendation is to uphold the previous denial.

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
- **X** PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

J Occup Environ Med. 2005 Apr;47(4):428-33. Work-related recovery expectations and the prognosis of chronic low back pain within a workers' compensation setting. Gross DP, Battié MC.

J Spinal Disord Tech. 2010 Apr 21. [Epub ahead of print] Recovery Expectations Predict Recovery in Workers With Back Pain but Not Other Musculoskeletal Conditions. Gross DP, Battié MC.