

# **INDEPENDENT REVIEWERS OF TEXAS, INC.**

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 08/01/11

**IRO CASE NO.:**

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

Item in dispute: Outpatient left L5-S1 laminectomy/discectomy

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

Texas Board Certified Orthopedic Spine Surgeon

**REVIEW OUTCOME**

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

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. MRI of the lumbar spine dated 01/07/10 read by Dr.
2. Clinical notes from Dr. dated 03/05/10 to 08/10/10
3. MRI of the lumbar spine without contrast dated 08/17/10 read by Dr.
4. Clinical notes from Dr. dated 09/08/10 to 06/22/11
5. Discogram of the lumbar spine dated 12/21/10 performed by Dr.
6. MRI of the lumbar spine dated 05/03/11 read by Dr.
7. Prior review on 06/29/11 by Dr.
8. Prior review dated 07/08/11 by Dr.
9. Cover sheet and working documents.
10. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a male who sustained an injury on xx/xx/xx.

An MRI of the lumbar spine dated 01/07/10 reported findings of midline disc protrusion with annular tear at L5-S1 causing mild central canal stenosis and mild bilateral neural foraminal stenosis.

A clinical note dated 03/05/10 reported the employee was injured when he fell down some stairs and injured his lower back. The employee was given an injection for the lumbar spine. The employee was given a repeat injection on 03/29/10.

A clinical note dated 04/19/10 reported the employee stated he was doing better and felt the prior injection helped.

A clinical note dated 08/10/10 reported the employee had gone through a therapy program and a series of injections with fair relief.

An MRI of the lumbar spine dated 08/17/10 revealed disc desiccation with a small broad-based posterior disc protrusion at L5-S1 without canal stenosis or neural impingement.

Consultation dated 09/08/10 reported the employee complained of 5-6/10 pain. Physical examination revealed symmetric reflexes.

A lumbar discogram performed on 12/21/10 revealed concordant low back pain at L5-S1.

A clinical note dated 04/27/11 reported the employee had left tibialis anterior motor weakness with some decreased sensation in the anterior dorsum of the left foot and posterior calf region.

An MRI of the lumbar spine dated 05/03/11 revealed evidence of small broad-based disc bulge at L5-S1 with no stenosis or significant interval change.

A clinical note dated 05/17/11 reported the employee complained of 7/10 pain radiating to the back of the calf region. Physical examination revealed no significant changes. The note reported prior cervical treatment at L5-S1 was denied.

A clinical note dated 06/22/11 reported the employee had significant foot pain as well as back pain. The note reported the employee had an absence of foot pain during discogram with pressure of the L5-S1 disc. Physical examination revealed some tightness in the left lower extremity on tension sign as well as some mild change in the left ankle reflex as well as paresthesia and some numbness in the left plantar aspect. The employee was recommended for discectomy of the left sided L5-S1 disc.

Prior review dated 06/29/11 by Dr. reported the request for surgery was denied.

Prior review dated 07/08/11 by Dr. reported the request was denied. It appears the request was denied secondary to a lack of documentation of prior conservative care and MRI findings of an L5-S1 disc bulge.

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

The request for outpatient left L5-S1 laminectomy/discectomy is not medically necessary. The imaging studies submitted for review indicate the employee has small broad based disc protrusions at L5-S1 with no significant stenosis. There is a lack of significant imaging evidence at this time to warrant surgical intervention. Practice guidelines indicate the employee should have documented positive imaging evidence with failure of conservative care prior to surgical intervention.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

1. ***Official Disability Guidelines***, Low Back Chapter.

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:

- A. L3 nerve root compression, requiring ONE of the following:
  - 1. Severe unilateral quadriceps weakness/mild atrophy
  - 2. Mild-to-moderate unilateral quadriceps weakness
  - 3. Unilateral hip/thigh/knee pain
- B. 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
- 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](#)