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Notice of Independent Review Decision

DATE OF REVIEW: December 16, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Lumbar Epidural Steroid Injection at L3-4.

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

AMERICAN BOARD OF ORTHOPAEDIC SURGEONS

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- Request for a Review by an Independent Review Organization, 11/17/11
- M.D., 01/12/11, 01/14/11, 02/04/11, 02/21/11, 04/18/11, 07/25/11, 10/06/11, 10/21/11, 10/27/11, 11/01/11
- M.D., 02/21/11
- Hospital, 02/24/11, 03/02/11, 03/24/11, 04/06/11
- M.D., 07/25/11
- M.D., 10/21/11
- 11/07/11, 11/09/11

Medical records from the Carrier Attorney include:

- Hospital, 03/09/10, 02/24/11, 04/06/11

- Employer's First Report of Injury or Illness, xx/xx/xx
- M.D., 06/14/10, 08/05/10, 09/23/10, 10/07/10, 11/02/10, 12/07/10, 12/09/10, 01/12/11, 02/21/11, 04/18/11, 07/25/11, 10/21/11, 10/27/11
- 07/29/11, 08/01/11, 08/03/11, 08/04/11, 11/07/11, 11/09/11
- M.D., 08/05/10, 07/25/11
- M.D., 09/07/10, 02/21/11
- Hospital, 11/03/10
- M.D., 12/07/10
- Medical Center, 01/12/11
- M.D., 10/21/11
- P.L.L.C., Attorney at Law, 12/05/11

Medical records from the Requestor/Provider include:

- D.O., 05/19/10
- Hospital, 03/09/10, 03/11/10, 04/06/11, 02/24/11, 03/02/11, 03/24/11, 04/06/11
- M.D., F.A.C.S., 06/14/10, 08/05/10, 09/23/10, 10/07/10, 11/02/10, 11/08/10, 12/07/10, 12/09/10, 01/12/11, 01/14/11, 02/04/11, 02/21/11, 04/18/11, 07/25/11, 10/06/11, 10/21/11, 10/27/11
- M.D., 08/05/10, 07/25/11
- M.D., 09/07/10, 02/21/11
- M.D., 11/02/10, 11/03/10, 12/07/10
- M.D., 10/21/11

PATIENT CLINICAL HISTORY:

The patient is a male who sustained an injury to his lower back on xx/xx/xx. Based on the available medical records, the patient was struck on his head by a tree limb that fell on him. I do not know the size of the tree limb.

The patient was seen by a neurosurgeon, M.D., in, who appears to be his treating physician. There was a short period for loss of consciousness, but his head injury did not account for the majority of his symptoms.

The question to be addressed is in reference to the injury to his lumbar spine. There is a little divergence of opinion as to the exact etiology of his problems. The initial films revealed the patient to have degenerative changes in his lumbar spine, most pronounced at T11-12 and L5-S1.

The patient subsequently underwent lumbar spine MRI which revealed mild degenerative changes at L3-4, L4-5, and L5-S1. There was no frank disc herniation, and again, these were described as mild. The patient did have significant symptoms during this time.

The patient eventually underwent spinal surgery, including decompressive laminectomy, insertion of instrumentation with cages and pedicle screws.

Subsequent to this, the patient had some wound problems and was treated for a superficial wound infection. This surgery was performed in February of 2011.

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

The patient has continued to have symptoms. Presently, the patient's surgeon is asking for permission to do an epidural steroid injection at L3-4.

The x-rays following this surgery were interpreted by a radiologist as revealing an extrusion of 50% of his cage at L5-S1. This was described by his surgeon as a "little pushed out." It is almost as if the two interpreters are having a widely divergent opinion.

The patient has subsequently undergone a lumbar myelogram which demonstrates thecal sac deformity at L3-4 and L2-3. There is wasting or narrow constriction of the dye column at L3-4, but this is described both anteriorly and posteriorly as mild. There is, however, extension of this mass, whatever it is, both anteriorly and posteriorly at L2-3. This to me would most likely represent some type of a fluid-filled mass, either an unresolved hematoma or possibly pus. In light of that, the patient was treated with antibiotics in the immediate postoperative period.

There was also a report performed by Dr. of what he described as a severe stenosis at L3-4, but he did not mention the pathology above that.

Also, it appears throughout this there is a conflict into the etiology and severity of the x-rays findings. What was noted by the radiologist as being mild, was described by Dr. as being severe. Then on the other hand where you have a 50% extrusion of your cage it would be significant, especially in a patient that has numbness and weakness in his lower extremity.

Irrespective of this, at the present time, what would be appropriate is that this patient be treated a little bit more aggressively. If there is some question as to the course of treatment, it would behoove the patient to seek a second surgical opinion or the board to have a neurosurgeon or orthopedic spine surgeon to review the myelogram. It is worrisome that the patient continues to have radicular-type symptoms. Evidently, the patient has hardware in his spinal canal and something producing the mass effect at L3-4 and L2-3. It is likely that these lesions at the upper levels are purely degenerative spinal stenosis and probably represent a significant complication from his previous surgery. It is noted by a previous peer review that the patient is actually worse and not improved since this surgery. The patient again has symptoms similar to that of cauda equina. In this case, it would be cauda equina. It would behoove everybody involved to be a little bit more expedient in the work up of this.

Epidural steroid injection is not going to do anything for this patient. The patient has a mechanical block. It needs to be determined whether this is infectious in nature or mechanical from the extruded cage, or a desiccated and chronic epidural hematoma.

The final impression is status post lumbar laminectomy and discectomy and instrumentation with postoperative neurological sequelae with spinal cord compression at L3-4 and L5-S1, etiology unknown; possible hematoma; and possible empyema.

The patient has symptoms which are worse than preop.

Divergent interpretation of radiographic test by radiologist noted 50% extrusion of L5-S1 cage; downplayed by neurosurgeon. Also, the lesion at L3-4 extending to L2-3 is suggestive of hematoma versus empyema. The patient had an infection in his early postop period.

The recommendation is for an independent medical examination or at least a review of films by a non-involved neurosurgeon, orthopedist, or neuroradiologist.

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
- 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)