



7331 Carta Valley Drive | Dallas, Texas 75248 | Phone: 214 732 9359

## Notice of Independent Review Decision

**DATE OF REVIEW:** xx/xx/xxxx

**IRO CASE #:** X

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

Left L4 Hemilaminectomy and discectomy

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

Board Certified Orthopaedic Surgeon/Fellowship Trained Spine Surgeon

### **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.

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

IW experienced acute onset of low back pain radiating to his left foot after a load and twisting episode on x-xx-xx. IW was subsequently diagnosed with an L5 radiculopathy by clinical examination and concordant diagnostic MRI findings (large left para-central L4-L5 HNP). IW underwent a trail of conservative management to include activity modifications, pharmacotherapy, physiotherapy, as well as transforaminal epidural steroid injections with minimal relief. IW latest clinical exam notes continued back and leg pain and L5 nerve root tension signs. I have been asked to perform a peer review request to perform a discectomy at the site of nerve root compression. I have reviewed clinical notes, notes, MRI report, and physical therapy notes.

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

The notes provided were reviewed; the diagnosis and treatment to date including the surgical treatment requested are all within the standards of care and ODG guidelines. IW has moderate to severe debilitating leg pain due to a large left para-central disc herniation that has failed a trial conservative management. Given failure of conservative management and continued severe pain, surgical treatment is indicated.

A recent, level I, multi-centered study comparing observational (743 participants) and prospective randomized cohorts (501 participants) concluded in an as treated analysis at 4 years, “patients who underwent surgery for a lumbar disc herniation achieved greater improvement than nonoperatively treated patients in all primary and secondary outcomes except work status.” Similarly, the Maine Lumbar Spine Study (prospective cohort study) at 10-year follow-up, showed that “69% of patients initially treated surgically reported improvement in their predominant symptom (back or leg pain) *versus* 61% of those initially treated nonsurgically ( $P = 0.2$ ). A larger proportion of surgical patients reported that their low back and leg pain were much better or completely gone (56% *vs.* 40%,  $P = 0.006$ ) and were more satisfied with their current status (71% *vs.* 56%,  $P = 0.002$ ).” The authors concluded Surgically treated patients with a herniated lumbar disc had more complete relief of leg pain and improved function and satisfaction compared with nonsurgically treated patients over 10 years. Nevertheless, improvement in the patient’s predominant symptom and work and disability outcomes were similar regardless of treatment received. For patients in whom elective discectomy is a treatment option, an individualized treatment plan requires patients and their physicians to integrate clinical findings with patient preferences based on their symptoms and goals.”



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**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



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**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:**

1. Weinstein, J. Surgical Versus Nonoperative Treatment for Lumbar Disc Herniation: Four-Year Results for the Spine Patient Outcomes Research Trial (sport). Spine 2008 33:25; pp2789-2800
2. Atlas, S. Long-Term Outcomes of Surgical and Nonsurgical Management of Sciatica Secondary to a Lumbar Disc Herniation: 10 Year Results from the Maine Lumbar Spine Study. Spine 2005. 30:8; 927-35.
3. Peul, W. Surgery versus prolonged conservative treatment for sciatica. NEJM 2007: 356:22; 2245-56.
4. Supik, L. Sciatic Tension Signs and Lumbar Disc Herniation. Spine 1994: 19:9; 1066-69.