

SENT VIA EMAIL OR FAX ON
Jun/01/2011

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/01/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right L5-S1 redo Microscopic Discectomy; Assistant Surgeon

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

Texas licensed MD board certified in orthopedic surgery

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

OD Guidelines

1. Clinical records Dr. 02/02/09 through 03/02/11
2. EMG/NCV study dated 06/17/08
3. Clinical records Dr. dated 08/20/08 through 11/02/09
4. MRI of the lumbar spine dated 06/08/08
5. MRI lumbar spine dated 10/29/10
6. Utilization review determination dated 03/14/11
7. Utilization review determination dated 03/31/11
8. Clinic note Dr. dated 02/15/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a XX year old male who is reported to have sustained work related injuries to his low back on XX/XX/XX as a result of lifting in the workplace. Records indicate that the injured employee underwent an extended course of conservative treatment which included oral medications, physical therapy, chiropractic treatments and interventional procedures. He failed to improve with this and he was subsequently taken to surgery by Dr.

on 03/05/09. At this time Dr. performed an L5-S1 laminotomy with discectomy.

Post-procedurally the injured employee was seen in follow up on 03/11/09. Initially it's reported that he had initial relief from surgical intervention. The injured employee was seen in follow up on 03/25/09. He's reported to have mild pain. He has right sided numbness. Current medications include Bactrim, Norco and Soma. His incision is healing. He has mild bilateral paraspinal paravertebral spasm. Sitting straight leg raise is negative.

On 04/08/09 the injured employee was seen in follow up. Future treatment was discussed with a nurse case manager. On 04/22/09 the injured employee was seen in follow up. He reports back pain, left inguinal pain, radiation into the posterior right knee. He has right sided numbness and spasm. On physical examination his incisional scars are healing. He has moderate paravertebral muscle spasm. Straight leg raise is negative. He is to be referred for physical therapy.

On 06/12/09 the injured employee was seen in follow up. He's noted to have returning right leg pain with radiation into the right knee and foot. Straight leg raise remains negative. There is moderate bilateral paravertebral muscle spasm. He is referred for MRI scan or recommended to have MRI scan. This study was performed on 10/29/10. It notes that L1-2 levels are unremarkable. At L3-4 there's an annular disc bulge flattening the thecal sac with mild bilateral foraminal encroachment. At L4-5 there's a 4mm broad based subligamentous disc protrusion flattening the thecal sac. There's a radial tear in the outer annulus noted. Facet joint arthrosis is identified. There's mild central canal stenosis and moderate bilateral foraminal encroachment. At L5-S1 there's a right sided laminotomy. A recurrent or residual 7mm right subarticular foraminal disc protrusion was seen impinging on the right S1 nerve root sleeve. There's no canal stenosis noted. There's severe narrowing of the right with mild narrowing of the left neural foramen seen.

On 02/15/11 the injured employee was seen by Dr.. He returns for consultation. It's noted that the injured employee is reported to be pending orthopedic evaluation with Dr.. On examination there is tenderness to the bilateral lumbosacral spine. Muscle spasms are mild with guarding but no rigidity. Lumbar range of motion is moderately restricted. There's a positive straight leg raise at 30 degrees. It is recommended that the injured employee be evaluated by Dr. or by a doctor of the injured employee's own choosing.

On 03/02/11 the claimant was seen by Dr.. The claimant is reported to have back pain with radiation of the right lower extremity and intensity is severe. He is reported to have right sided numbness and spasm. On physical examination there is mild L5 tenderness and mild diffuse tenderness. There is moderate bilateral paravertebral muscle spasm. There is decreased range of motion. Straight leg raise and Lasegue's test are reported to be positive on the right. There is recommendation to consider epidural blocks. Dr. suggested a right redo microdiscectomy at L5-S1.

On 03/14/11 the initial request was reviewed by Dr.. Dr. notes the patient complains of persistent right leg pain and back pain with radiation to posterior right knee, foot and buttock with right sided numbness and spasms. On examination there is mild L5 tenderness and mild diffuse tenderness and moderate bilateral paravertebral muscle spasm. There is decreased lumbar range of motion. Straight leg raise is positive on the right. MRI showed an L5-S1 recurrent or residual 7 mm subarticular and foraminal disc protrusion. He notes there is no documentation of associated clinical findings such as loss of relevant reflexes, muscle weakness or atrophy of appropriate muscle groups. He opines the requested surgery is not medically necessary at this time.

On 03/31/11 the appeal case was reviewed by Dr.. Dr. notes that the claimant has persistent low back pain with tenderness and decreased range of motion, paravertebral muscle spasm, positive right straight leg raise and Lasegue's test. He notes there is no recent comprehensive clinical evaluation that would specifically correlate with the diagnosis of lumbar spine radiculopathy without crossed straight leg raise and no recent electrodiagnostic studies to confirm diagnosis. He notes there is no documentation provided indicating the

claimant has failed to respond to conservative treatment such as evidence based exercise program, epidural steroid injections, and medications prior to proposed surgical procedure. He notes the claimant has undergone physical therapy sessions; however, there were no progress notes that objectively document clinical and functional response. He subsequently indicates medical necessity for the request has not been established, and the request for assistant surgeon is not recommended.

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

The request for redo microdiscectomy at L5-S1 and assistant surgeon is not supported by the submitted clinical information, and the previous determination is upheld. The available clinical record indicates the claimant initially sustained an injury to his low back as a result of lifting. This ultimately resulted in the claimant being taken to surgery. The postoperative records suggested the claimant only had modest improvement with this procedure; however, despite having undergone postoperative physical therapy the records suggest exacerbation of the claimant's condition with development of recurrent right lower extremity radiculopathy. There are no clinical records in the interval period between surgery and subsequent request which indicate the claimant underwent any form of conservative treatment for the condition. There is no indication the claimant underwent EMG/NCV studies, interventional procedures, activity modification, or self-directed home exercise program as the guidelines recommend. The claimant is reported to have participated in some form of physical therapy; however, there are no progress notes regarding this. Given the absence of documentation establishing the failure of conservative treatment, detailed clinical information establishing the presence of a recurrent radiculopathy, the request for redo microdiscectomy at L5-S1 is not medically necessary. The request for assistant surgeon is predicated on performance of surgery, and therefore, assistant surgeon is not clinically indicated.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES