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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/17/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
IP Revision Decompression Diskectomy L4-5

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic spine surgeon, practicing neurosurgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male whose date of injury is xx/xx/xx. The mechanism of injury is described as picking up an oil pump at work and injured his low back. He is status post L4-5 discectomy performed on 11/10/09. He remained symptomatic despite postoperative treatment including physical therapy, medications, and epidural steroid injection. MRI of lumbar spine dated 06/03/11 revealed bilateral posterolateral disc protrusions at L4-5 most prominently on right with fissure formation within the annulus bilaterally and facet arthropathy causing effacement of the thecal sac with right greater than left sided mild L5 nerve root encroachment. Previous right-sided laminectomy is noted. Lumbar myelogram on 09/08/11 was unremarkable with no nerve root sleeve cut offs or effacement. Post myelogram CT revealed 3 mm dorsal bulge at L4-5 with superimposed 6-7 mm left foraminal protrusion with moderate left foraminal stenosis, with mass effect upon the left L4 ganglion and exiting root. There may be a small decompressive laminectomy at this level. At L5-S1 there is a 4 mm

broad based left lateralizing disc protrusion present with mild left foraminal narrowing, but no displacement of the exiting left L5 root. Electrodiagnostic testing performed on 08/17/11 was reported as normal study with no acute lumbar radicular findings on EMG exam. The patient was seen by, Dr. on 08/03/11 who noted the claimant has recurrent L4-5 disc herniation after undergoing L4-5 discectomy in 11/09. Dr. noted the claimant qualifies for revision lumbar discectomy at L4-5.

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

This claimant is status post L4-5 laminectomy performed 11/10/09. He remains symptomatic despite surgery, and underwent postoperative treatment to include physical therapy, medications, and epidural steroid injections. The last physical therapy documented was from 10/22/09-01/15/10. Imaging studies reveal postoperative changes at L4-5 with 3 mm dorsal bulge present with superimposed 6-7 mm left foraminal protrusion; moderate left foraminal stenosis with mass effect upon the left L4 ganglion and exiting root. Electrodiagnostic testing performed on 08/17/11 reported normal study without evidence of acute lumbar radicular findings on EMG/NCV. Physical examination findings included mild soft tissue pain with palpation at L4, positive straight leg raise in sitting and supine position bilaterally. There was motor weakness reported right greater than left anterior tibialis, EHL, and gastrocnemius. Sensation was reduced in the right S1 dermatome and bilateral L5 distribution. Reflexes were 2+ except 1+ right Achilles tendon. He is noted to have undergone epidural steroid injection in 07/10, which did not help. Given the current clinical data, and noting the lack of correlation with EMG/NCV, imaging studies and physical examination findings, and noting the lack of recent conservative care, the reviewer finds no medical necessity IP Revision Decompression Diskectomy L4-5. The previous adverse determination/adverse determinations should be upheld.

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

[ ] ACOEM-AMERICA 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

[X] 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

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)