

**Independent Reviewers of Texas  
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Notice of Independent Review Decision

**[Date notice sent to all parties]:**

**10/20/2014**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Bilateral L5-S1 microdiscectomy.

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

**REVIEW OUTCOME:**

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained an injury on xx/xx/xx. The mechanism of injury was noted as lifting. The patient underwent numerous chiropractic sessions between 05/21/2014 and 06/23/2014. The patient underwent an MRI of the lumbar spine on 07/30/2014 which had findings of right L5-S1 herniation. It was noted there was a small central and right herniation at the L5-S1 without extension or fragmentation. The spinal canal, neural foramina, and intradural space appeared normal.

The patient underwent a psychological evaluation on 08/19/2014. The patient stated he was lifting. The patient stated he immediately heard a popping sound in his back and felt a burning sensation down his back. The psychological evaluation indicated the patient had major depressive disorder, panic disorder, agoraphobia,

and somatic symptom disorder with predominant pain. It was recommended the patient undergo a psychiatric consult to evaluate him for antidepressant medications. It was additionally noted the patient would benefit from an initial trial of 6 sessions of cognitive behavior psychological treatment to address issues related to pain management and reduce the severity of depression and anxiety symptoms.

The patient was evaluated on 08/13/2014 for continued complaints of back pain. The patient's pain was rated 10/10. Aggravating factors were noted as sitting, standing, walking, lying flat, and bending forward. The patient stated he had left sided numbness, weakness, and spasms. The physical examination noted severe diffuse L5 tenderness and severe diffuse S1 tenderness. There were muscle spasms noted at the lumbar paravertebral muscles bilaterally. Lumbar range of motion was noted as decreased secondary to pain. Straight leg raising was positive bilaterally. Motor exam revealed left deficits of the tibialis anterior and left extensor hallucis longus as 2/5. Bilateral knee jerk was diminished and bilateral ankle jerk was diminished. Sensation was noted as abnormal on the left L4, L5, and S1. The patient was re-evaluated on 09/05/2014 for continued complaints of back pain. The physical examination noted the patient's deep tendon reflexes to be 2+ throughout. It was noted the patient had decreased spine touch in multiple dermatomal patterns, the left arm and left leg.

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

The Official Disability Guidelines recommend discectomies at the L5 level for patients with severe unilateral weakness to the foot, toe, or dorsiflexor. The documentation submitted for review indicated the patient had weakness bilaterally. The guidelines recommend microdiscectomies be based on diagnostic imaging which reveal nerve root compression, lateral disc rupture, and/or lateral recess stenosis. The MRI submitted for review indicated the patient had right L5-S1 herniation. However, the herniation was noted as small, central, and without extension or fragmentation. The patient's spinal canal, neural foramina, and intradural space appeared normal. The MRI indicated right L5-S1 herniation; however, the physical examination noted the patient to have left deficits to the tibialis anterior and left deficits to the extensor hallucis longus. Furthermore, the patient had left abnormal L4-5 and S1 sensation. The patient's complaints were of left sided numbness, weakness and spasm. As such, the findings do not corroborate with the imaging study. The guidelines recommend conservative treatment include activity modification, drug therapy, and support provider referral. The documentation submitted for review did indicate the patient underwent psychological evaluation and attempted activity modifications with medications. However, the psychological screening indicated the patient had significant psychological comorbidities that needed to be addressed prior to surgery being considered. As the documentation submitted for review indicated that the patient had minimal imaging findings to include a right L5-S1 herniation, the physical examination findings do not corroborate with the imaging study, and the patient was noted to have significant psychological issues which needed to be addressed, the medical necessity for the proposed procedure is not established. Given the information submitted for review, the prior determination is upheld.

## IRO REVIEWER REPORT TEMPLATE -WC

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

X **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**