MEDICAL EVALUATORS
OF TEXAS ASO, L.L.C.
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Notice of Independent Review Decision

DATE OF REVIEW: X
Date of Amendment: X, X, X, **and** X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN WHO REVIEWED THE DECISION
X.

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
X

EMPLOYEE CLINICAL HISTORY [SUMMARY]:
Mechanism of injury:
The claimant is a X who was injured on X while X. The claimant was diagnosed with lumbar radiculopathy, bilateral leg pain, and s/p lumbar discectomy.

Diagnostic studies:
The claimant underwent a lumbar spine MRI with and without contrast on X. It showed X. X also had another lumbar spine MRI without contrast on X. It showed X.

Surgeries:
The claimant underwent a X on X.

Conservative Treatment:
The claimant has been treated with X. X did not give X.

Medications:
The claimant is currently taking X.

Progress notes:
Orthopedic follow up by X dated X documented the claimant to have complaints of X. The claimant was diagnosed with other intervertebral disc displacement and X was recommended.

Denial Letter:
Prior UR dated X denied the request for X stating "The request is not medically necessary. The claimant continues to have low back pain, worsening left leg pain with radiation to foot, leg and buttocks on left, spasms, left side numbness and weakness. MRI shows X. Treatment to date includes X. The claimant has X. ODG requires X."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
X is a relatively common occurrence after X. For X , a growing body of evidence suggests that X is effective in appropriately selected cases. Theoretically, X. Indications for recurrent X are less well-defined. As revision surgery is more complicated, holding slightly worse patient outcomes and higher rates of complications including dural tears and nerve injury.

Currently, an additional X is the most common surgical intervention pursued for recurrent X, however X has been practiced with potential indications such as X. An anterior approach for X may offer an alternative option for patients who suffer from recurrent X. As for anterior lumbar interbody fusion (ALIF) used in the context of degenerative disc disease, the anterior approach theoretically allows for a comprehensive discectomy, less paraspinal muscle trauma and less nerve trauma from spinal nerve retraction. Specifically for recurrent disc herniations, a repeat posterior approach may result in higher risks of dural tears, more posterior bone removal to access the disc space, and an access corridor that may be impeded by residual tissue or epidural fibrosis. These complications can potentially be avoided via an anterior approach.

There is currently no gold standard treatment for operative management of recurrent lumbar disc herniations. Generally, the first-line treatment is an additional discectomy surgery without fusion. There is however growing evidence that fusion is efficacious in reducing dysfunction and pain in severe axial back pain, specifically when sacral tilt, and lumbar lordosis, is restored, although the approach remains a topic of ongoing debate. In a large-scale survey across 2,560 American spinal surgeons, there was a general trend for more experienced surgeons, defined as performing greater than 200 cases a year, to

include a fusion as opposed to a standalone repeat discectomy procedure in comparison to those performing <100 cases.

X is not routinely required in patients undergoing repeat laminectomy and discectomy for recurrent disc herniation. In the absence of objective evidence of spinal instability, recurrent disc herniation may be adequately treated by repeat lumbar laminectomy and discectomy alone.

The claimant, however, did have X. Having had a prior X, the claimant now has left leg pain with radiation into the foot, leg, and buttocks with numbness and weakness. This constellation of clinical findings combined with advanced imaging findings do support a break with the ODG that usually requires a X in most cases. In this unusual case, the requested X is medically necessary.

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

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

ODG Criteria

Evidence Summary

☒ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE**