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DATE OF REVIEW: AUGUST 28, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar surgery - L sided - decompression L5-S1 w/foraminotomy - 1 day LOS

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

Board certified in Orthopaedic Surgery, licensed in the State of Texas, and DWC ADL approved.

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)

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Lumbar surgery - L sided - decompression L5-S1 w/foraminotomy - 1 day LOS	63047, 63048	Upon approval	Adverse determination upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Record Description	Record Date
CT Scan Sacrum –	
MRI Sacrum –	
Office Visit note – unspecified provider	01/11/07
MRI Lumbar –	01/16/07
Office Visit notes –MD	01/27/07
CT Scan - Sacrum –	02/15/07
Office Visit notes –MD	02/24/07
Office Visit notes/EMG NCV –MD	04/10/07
Office Visit notes –MD	04/17/07
Surgery Pre-Op / Admission Orders –MD	06/12/07
UR request – Outpatient lumbar surgery - adverse determination –	06/26/07
UR Reconsideration request – Outpatient lumbar surgery –MD	07/03/07
UR request appeal – adverse determination –	07/12/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The request is for an IRO for decompression of the left L5, S1 with foraminotomy and a one day length of stay. The submitter is Dr. The patient is a lady who slipped and fell on a wet floor at work. She developed pain to the left side of the sacrum with some pain radiating down the posterior thigh. A contrast MRI was done and essentially the same left foraminal narrowing without nerve effacement as seen on previous MRI. The CT scan done on 12/15/07 also demonstrated the same moderate left L5-S1 foraminal stenosis due to foraminal spondylosis (osteophyte) as seen. The report did not indicate that there was nerve effacement. The patient has had one ESI which lasted only one day and, thus, further ESIs were thought not to be indicated. Physical therapy was not done. An EMG revealed left sub-acute L5 radiculopathy. X-rays revealed mild scoliosis and mild decreased L5, S1 space. Flexion/extension views were negative for abnormal motion.

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

The patient's physical examination reveals negative tension signs and straight leg raise. Dr. states that the neurologic examination is entirely within normal limits with respect to motor, sensory and reflexes. The patient has had previous surgery about one year ago by Dr. at the left L5, S1 level. The MRI and CT imaging studies reportedly show essentially the same osteophyte/spondylosis at the L5, S1 foramen that was present on the imaging studies done before the first surgery. There is no reported compression of the left L5 nerve root. The EMG reportedly shows sub-acute left L5 radiculopathy, but it is not supported by neither positive objective clinical signs of radiculopathy or by the imaging studies.

Therefore, based upon review of the available clinical information and evidence based peer reviewed guidelines referenced above, the request for left L5 nerve root decompression with foraminotomy with one day length of stay is not certified.

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

ODG, 4TH ED, 2006

ACOEM, Chapter 12, p305-306 recommends surgical consultation when there is severe and disabling lower leg symptoms in a distribution consistent with imaging study (radiculopathy) abnormalities, and with accompanying objective signs of neural compromise. ODG indications for surgery for L5 decompression include (ODG, 4th ed, pg 808, 2006): 1). Severe unilateral foot/toe dorsiflexion weakness/mild atrophy; or 2) mild to moderate dorsiflexion foot/toe dorsiflexion weakness; or 3) unilateral hip/lateral thigh/knee pain. EMGs are optional to obtain unequivocal evidence of radiculopathy, but not necessary if radiculopathy is clinically obvious. ODG also requires imaging studies that are corroborated by the objective clinical findings and that show nerve root compression, or disc rupture (herniation) or stenosis (lateral recess or foraminal). There should also be documentation of failed conservative management. This should include activity modification for greater than two months, drug therapy with NSAIDS or other analgesics, muscle relaxants and ESIs, noting the dose, frequency and response and should also have failed physical therapy. Medical records document Mobic and Hydrocodone but without documentation of response. The available medical records do not document physical therapy. Dr. stated that the patient had 10 sessions.