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IRO NOTICE OF DECISION – WC

DATE OF REVIEW: 06-27-2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Wide decompressive laminectomies with foraminotomies and discectomies as needed at the L2-3, L3-4, and L4-5 levels with 4 day to 6-day length of stay.

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

Certified by the American Board

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)

Injury Date	Claim #	Review Type	ICD-9 DSMV	HCPCS/NDC	Upheld/Overturn
xx/xx/xx		Prospective	847.2 843.8 V45.89		Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Notice of Utilization Review Findings (06-05-2007 and 06-12-2007)
 Subsequent Medical Report (05-17-2007)
 Lumbar Myelogram Followed by Post Myelographic CT Exam (05-03-2007)
 MRI of the Lumbar Spine (02-20-2006)
 MRI of the Lumbar Spine Without Intravenous Contrast (05-03-2005)
 L-Spine; Lt Hip; Lt Femur Diagnostic Report (04-20-2006)



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PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was injured on xx/xx/xx when lifting fencing panels on rough terrain for sustained period. The claimant complained of chronic persistent low back pain and bilateral lower extremity radiculopathies. MRI of the lumbar spine on 02-30-2006 and CT myelogram on 05-03-2005 revealed evidence of marked central canal stenosis at L2-3, L3-4, and L4-5 with posterior disc herniations at all three levels. The claimant continues to complain lower back pain radiating down to right leg and foot. There was a request for authorization of wide decompressive laminectomies with foraminotomies and discectomies as needed at the L2-3, L3-4, L4-5 levels. According to the previous determinations, the "surgery itself could be approved with a one day length of stay, but no permission was given for modification of the request, therefore the request is denied in its entirety".

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

In the opinion of the Reviewer, the requested surgery is indicated (as previously approved) and should be authorized for this patient with severe spinal stenosis with bilateral radiculopathy. This is consistent with ODG-TWC, ODG Treatment Low Back. It states "a recent RCT compared decompressive surgery with nonoperative measures in the treatment of patients with lumbar spinal stenosis, and concluded that, although patients improved over follow-up regardless of initial treatment, those undergoing decompressive surgery reported greater improvement regarding leg pain, back pain, and overall disability, ..".

The Reviewer also is of the opinion that with this procedure, there is considerable pain and drain output and a three to five day hospital stay is reasonable. ODG-TWC ICD 724.02 Lumbar Region, indicate average length of hospital stay for requested procedures as 3.7.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE



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- 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**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- 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)**