IRO#
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DATE OF REVIEW: JULY 31, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Inpatient discectomy L3-4 and lumbar decompression L2-4, Cryo Unit

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
Inpatient discectomy L3-4 and lumbar decompression L2-4, Cryo Unit	63047, 63048, 62311 62351	Upon approval	Adverse determination upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Record Description	Record Date
Initial Office Visit –DC	xx/xx/xx
MRI & Xray reports –Center	12/28/06
Office Visit – DC	01/04/07
Office Visit - EMG & NCV studies –	01/09/07
Office Visit – MD	02/08/07
Utilization request –	02/12/07
Office Visit – MD	06/05/07
TWCC 73 Work Status Report –	06/08/07
Office Visit –MD	06/14/07
Utilization Review – adverse determination	06/18/07
Utilization appeal review – adverse determination –	07/03/07

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is male. He alleges cervical and lumbar injuries after hitting head on overhead pipe and falling. Nonspecific, non-radicular symptoms into thigh(s) and left calf. Reported foot-drop and EHL weakness left side. He is reported to have bilateral L5 radiculopathy on NDS. Past surgical history of L4-5 laminectomy and discectomy. MRI evidence multilevel spondylosis L1-S1, with significant central canal stenosis at L2-3. Dr., however, opined stenosis at L3-4, recommending discectomy at this level, as well as multilevel decompression L1-L4. Surgery denied twice through standard preauthorization process using evidence-based guidelines.

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

Concur with denial. The method of injury (MOI) and symptoms are inconsistent with clinical exam findings, NDS, and MRI. The patient does not appear to have symptoms or clinical findings consistent with either an isolated radiculopathy or a critical stenosis. Specifically, although there is an alleged left-sided foot drop, the patient has bilateral L5 radiculopathy on NDS, yet no evidence of nerve root compression at L4-5 (the previously operated level). Likewise, the multi-level radicular findings are not consistent with an isolated L2-3 stenosis, as well as other inconsistencies (eg: forward flexion should relieve, not exacerbate, symptoms of stenosis). Moreover, there appears to be a significant discrepancy between the MRI interpretations of the radiologist versus Dr.; the radiologist states stenosis at L2-3, and Dr. Francis states L3-4). There does not appear to be a specific acute focal pathoanatomic process in the lumbar axial skeleton, as revealed by MRI, that can be adequately correlated to the MOI, the presenting symptoms, the clinical findings, the NDS, or response to treatment. In this case, the pieces of the clinical puzzle do not form a clear picture, which is necessary to support the recommendation of surgery vis-à-vis evidence-based guidelines.

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

ODG: **ODG Indications for Surgery™ -- Discectomy/laminectomy --**
Required symptoms/findings; imaging studies; & conservative treatments below:
I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383. (Anderson, 2000)
Findings require ONE of the following:

A. L3 nerve root compression, requiring ONE of the following:
   1. Severe unilateral quadriceps weakness/mild atrophy
   2. Mild-to-moderate unilateral quadriceps weakness
   3. Unilateral hip/thigh/knee pain
B. L4 nerve root compression, requiring ONE of the following:
   1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
   2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
   3. Unilateral hip/thigh/knee/medial pain
C. L5 nerve root compression, requiring ONE of the following:
   1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
   2. Mild-to-moderate foot/toe/dorsiflexor weakness
   3. Unilateral hip/lateral thigh/knee pain
D. S1 nerve root compression, requiring ONE of the following:
   1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy
   2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness
   3. Unilateral buttock/posterior thigh/calf pain

(EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)
II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:

A. Nerve root compression (L3, L4, L5, or S1)

B. Lateral disc rupture
C. Lateral recess stenosis
Diagnostic imaging modalities, requiring ONE of the following:
1. MR imaging
2. CT scanning
3. Myelography
4. CT myelography & X-Ray

III. Conservative Treatments, requiring ALL of the following:
A. Activity modification after patient education (>= 2 months)
B. Drug therapy, requiring at least ONE of the following:
1. NSAID drug therapy
2. Other analgesic therapy
3. Muscle relaxants
4. Epidural Steroid Injection (ESI)
C. Support provider referral, requiring at least ONE of the following:
1. Manual therapy (massage therapist or chiropractor)
2. Physical therapy (teach home exercise/stretching)
3. Psychological screening that could affect surgical outcome
4. Back school (Fisher, 2004)

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: the Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 05/01/2007.