



Medical Review Institute of America, Inc.

America's External Review Network

Notice of independent Review Decision

DATE OF REVIEW: September 5, 2007

IRO Case #:

Description of the services in dispute:

Preauthorization request for #22612, #63047, #22614, #63048, #69990, and #20931.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Neurological Surgery. This reviewer is a member of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons. The reviewer has completed training in both pediatric and adult neurosurgical care. This reviewer has been in active practice since 2001.

Review Outcome

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

Partially Overturned

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Medical necessity exists for #63047, #22614, #63048, and #69990.

Medical necessity does not exist for #22612, and #20931.

Information provided to the IRO for review

Records Received From The State:

Notice to, of case assignment, 8/17/07,

1 page

Confirmation of receipt of a request for a review by an independent review organization, 8/15/07, 5 pages

Request for a review by an independent review organization, 8/15/07, 3 pages
Letter from LVN, 7/25/07, 5 pages
Letter from LVN, 8/7/07, 3 pages

Records Received From Texas Mutual:

Request for hearing, 8/21/07, 2 pages
Provider addresses, undated, 1 page
Letter from LVN, 7/25/07, 5 pages
Letter from LVN, 8/7/07, 3 pages

Records Received From Dr. Wheeler:

History and physical, 7/16/07, 3 pages
Fax confirmation, 7/18/07, 1 page
Electrodiagnostic results, 1/18/07, 3 pages
CT scan of the lumbar spine report, 7/11/07, 3 pages
Chest x-ray report, 6/21/06, 1 page
X-ray report, 11/29/06, 1 page
MRI scan of the lumbar spine without contrast report, 12/8/06, 1 page

Patient clinical history [summary]

This patient complains of low back pain that radiates into the left buttocks area and down her left leg down to the bottom of her foot. She has had epidural steroid injections x2 with some relief, which has not lasted. She has been under the care of a pain specialist. An MRI (magnetic resonance imaging) performed in 12/06 shows disc dessication and narrowing at L5-S1 with 5 mm extrusion deflecting the left S1 nerve root. L4-L5 is dehydrated, as is L2-L3. An EMG (electromyogram) performed in January of 2007 showed a left L5 radiculopathy. CT (computed tomography) scan of lumbar spine performed 7/11/07 shows moderately severe central stenosis, severe bilateral lateral recess stenosis and foraminal stenosis. At L5-S1 there is a posterior protrusion, but this level was poorly visualized on this study. An MRI of the lumbar spine performed on 12/08/06 shows that the thecal sac is flattened at L4-L5. At L5-S1 there is a left paracentral disc protrusion with a migrated free fragment, deflecting the left S1 nerve root. The patient is obese and is a smoker. The provider is recommending a lumbar laminectomy L5-S1 and possible L4-L5. EMG results show a left L5 radiculopathy with additional evidence of a left peroneal neuropathy.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

This patient has a left S1 radiculopathy by history, which correlates with the MRI findings at L5-S1. She also has a left L5 radiculopathy by EMG and imaging at L4-L5 that shows severe central stenosis, as well as severe lateral recess stenosis. This may be contributing to her left leg symptoms as well. A decompression procedure at L5-S1 and possibly L4-L5 is reasonable based on the clinical and imaging findings and the patient's complaints. She meets the ODG guidelines listed below for the requested decompressive procedure (laminectomies at L4-5 and L5-S1: #63047, #63048, and #69990). However, it is unclear that the patient needs a lumbar fusion, and there is no mention of a lumbar fusion in the doctor's clinic note. Therefore, the use of codes #22612 and #20931 are not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG Guidelines - Chapter on Lower back:

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. (Andersson, 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)