

PRIME 400 LLC
240 Commercial Street, Suite D
Nevada City, California 95959

Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 8, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Laminectomy and discectomy @L4-L5

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

MD, Board Certified Orthopedic Surgeon

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)

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.

The reviewer finds that medical necessity does not exist for Lumbar Laminectomy and discectomy @L4-L5.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 10/17/08, 11/3/08, 11/7/08
ODG Guidelines and Treatment Guidelines
Workers' Compensation Preauthorization Request, 10/14/08
MD, 10/7/08, 10/2/08
Hospital, 9/29/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx-year-old male reported to have sustained an injury to his low back . He has complaints of low back pain and burning and some radiation down the leg. He has normal reflexes on the contralateral side, but both the ankle reflex and the knee reflex is apparently not present on the right-hand side. The peroneal reflex was not documented. Physical examination revealed normal sensation and motor, apparent straight leg raising on the right, although there is no indication as to what level or degrees of elevation that this occurred. An MRI scan shows that at L4/L5 there is a subligamentous herniated disc with that appears to be an extruded fragment posterior to the foramen. There is no discussion within the MRI scan whether this is causing nerve root compression. The medical records do not document any conservative care such as epidural steroid injection of selective nerve sleeve blocks. There is indication of bowel and bladder dysfunction, but according to the medical records provided this is not considered to be related to the lumbar herniation. Current request is for an L4/L5 discectomy and laminectomy.

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

The medical records do not indicate that this patient has undergone any conservative care. The MRI scan does not show compression. Medical necessity for this surgery in the absence of a trial of conservative care has not been substantiated in the medical records provided for this review. The reviewer finds that medical necessity does not exist for Lumbar Laminectomy and discectomy @L4-L5.

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
- 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)