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Notice of Independent Review Decision

Amended May 29, 2008

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DATE OF REVIEW: May 27, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Laminotomy (Hemilaminectomy) with decompression of nerve roots, including partial facet (63030 and 36047)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
20 Years as an actively practicing orthopedic surgeon who is board certified and re certified twice.

REVIEW OUTCOME

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

☒ Upheld (Agree)

Medical documentation **does not support** the medical necessity of Laminotomy (Hemilaminectomy) with decompression of nerve roots, including partial facet (63030 and 36047)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his lower back while picking up a 60-lb metal plate. In xx/xxxx, he was pulling an air hose and felt immediate low back pain with intermittent mild to moderate right leg symptoms.

On February 21, 2008, the patient was seen by M.D., for complaints of low back and right leg pain. He had tried several muscle relaxants and had been on Ultram and Mobic for breakthrough pain. On examination, there was right sciatic notch tenderness and mild right lumbosacral spasm and tightness. Neurological examination showed 2/4 patellar and ankle reflexes. Straight leg raise (SLR) test

was positive on the right at 50 degrees. X-rays of the lumbar spine and right hip were essentially negative. Dr. assessed lumbar disc herniation, likely L4-L5 herniated nucleus pulposus (HNP), right lumbar radiculopathy and prescribed Medrol Dosepak for the radicular complaints.

Magnetic resonance imaging (MRI) of the lumbar spine was obtained, which revealed heterogeneous appearance of fatty bone marrow signal, most likely due to marrow reconversion and a right paracentral disc extrusion with disc material occupying the right axillary recess at L5-S1 with resultant right nerve root compression.

On April 3, 2008, Dr. noted absent right ankle reflex, 2/4 bilateral patellar reflex and left ankle reflex and poor heel/toe walk secondary to right plantar flexor weakness. Motor strength was 3+4/5 on right plantar flexion. There was decreased sensation in the right L5-S1 dermatome and right SLR was positive at 45 degrees and left SLR at 50-60 degrees. Dr. reviewed MRI and interpreted that as showing large right L5-S1 extrusion with neuroforamen nerve root compression and moderate bilateral lateral recess stenosis at L4-L5. Dr. stated the patient had failed conservative care including anti-inflammatories, muscle relaxants, strong analgesics, and two rounds of corticosteroid therapy. Due to significant painful radicular symptoms and inability to return to work or manage activities of daily living due to continued leg pain and weakness, Dr. recommended surgical decompression.

On April 16, 2008, utilization review was done by D.O., who denied the request for laminotomy with decompression of nerve roots with the following rationale: *The patient has a surgical disc problem, but has not had any conservative care like PT or injections or even a surgical consult. Dr. is proposing an open microdiscectomy. Per ODG, conservative care should be tried first and that has not been done. ESIs are a possibility to try in this vein.*

On April 29, 2008, the patient's attorney issued a letter stating that all Official Disability Guidelines (ODG) requirements were met for this patient and surgical decompression of this very large right-sided disc extrusion with painfully evident nerve root compression and radiculopathy were met. No amount of physical therapy (PT) or epidural corticosteroid injection would reduce the size of the disc fragment and therefore surgical decompression was indicated.

On May 1, 2008, utilization review was done by M.D., who denied the request with the following rationale: *The right L5-S1 microendoscopic discectomy is not medically necessary based on ODG criteria. There is no documented PT, manual therapy, psychosocial screening, or back school.*

On May 1, 2008, PA-C noted the patient continued with significant right lumbar radiculopathy evidenced by motor and sensory loss and continued radiculopathic pain. Straight leg was positive on the right at 45 degrees and on the left at 60 degrees.

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

The patient is noted to have a herniated disc with possible extrusion at L5-S1 with resultant right radiculopathy. According to ODG indications for proposed procedure which is a discectomy all of the following criteria have to be met. The criteria which have not been met include section 3: conservative treatment of physical therapy and the possibility of epidural steroid injections. This is a similar finding to M.D.'s, review.

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

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**