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Notice of Independent Review Decision



DATE OF REVIEW: 10/7/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Laminectomy discectomy L5-S1 with one day inpatient 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 of Orthopaedic Surgery, and fellowship-trained in surgery of the spine

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/ Overturned |
|-------------|---------|-------------|------------|---------------|-----------------------|
| | | Prospective | | | Overturned |

PATIENT CLINICAL HISTORY:

This xx-year-old claimant suffered a work-related injury on xx/xx/xx when he fell into a 4-foot hole, injuring his low back. Since then, the patient has had low back and right leg pain. He has been treated with physical therapy, which apparently increased his pain, and lumbar epidural steroid injections, which did not help with the pain. A CT scan done 8/12/08 revealed a 4 mm central disc herniation at L5-S1 impinging and flattening the right S1 nerve root.

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

In the Reviewer’s opinion, the documentation supports that the laminectomy

discectomy L5-S1 with a one day inpatient stay is medically necessary for this patient. The Reviewer explained that this patient has well documented right lumbar radiculopathy, and the imaging studies clearly show affliction of the S1 nerve root to the right, with matching radiculopathy in this case. The Reviewer added that the instability of this injured L5/S1 disc is enough to account for the radiculopathy that the patient suffers from.

The Reviewer noted that the patient has not responded to over three months of appropriate conservative treatment, and that the surgical treatment being requested meets the ODG criteria under Low Back discectomy/laminectomy. In the Reviewer's opinion, the laminectomy discectomy L5-S1 with a one day inpatient stay meets all ODG criteria, is medically necessary and within the standards of care, and should be authorized as soon as possible.

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)**