

# Prime 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

August 31, 2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Op Bil L4-5, L5-S1 Hemi/Lami/Discectomy, 63030, 63035

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

MD, Board Certified Orthopedic Surgeon  
Spine 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

ODG Guidelines and Treatment Guidelines  
Adverse Determination Letters, 7/20/09, 8/6/09  
Preauth Request, undated  
Dr. 7/21/09, 7/10/09  
MD, DDE, 7/2/09  
Electrodiagnostic Interpretation, 3/9/09  
MRI of the Cervical Spine, 2/3/09  
MRI of the Lumbar Spine, 2/3/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is an injured worker who has been evaluated and treated with various treatments including conservative therapy with physical therapy and one epidural steroid injection, which gave her absolutely no relief. The patient has also had an EMG/nerve conduction study, which showed L5/S1 chronic radiculopathy. The patient was injured on xx/xx/xx. The MRI scan showed extremely subtle findings relative to the L4/L5 and L5/S1 levels, showing predominantly spondylosis, essentially mild to moderate spondylosis and disc bulging at the L4/L5 level, and mild spondylosis and disc bulging and facet arthrosis and ligamentum flavum hypertrophy at the L5/S1 level. It is noted that the neural foramen are mildly encroached. Current request is for two-level bilateral laminectomy and discectomy.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS**

#### **AND CONCLUSIONS USED TO SUPPORT THE DECISION**

Based upon these records, the pain generator has not been identified. The clinical findings are subtle, at most, and the chronic finding of L5/S1 radiculopathy is not an indication for surgery either clinically or per the ODG Treatment Guidelines. The records do not show that the patient has had selective nerve root sleeve blocks that categorically identify the pain generators. Certainly based on the MRI scan findings, the presence of such subtle findings is insufficient to warrant invasive surgical intervention. It is for this reason this patient does not conform to Official Disability Guidelines and Treatment Guidelines and generally accepted treatment principles. The reviewer finds that medical necessity does not exist for Op Bil L4-5, L5-S1 Hemi/Lami/Diskectomy, 63030, 63035.

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

- ACOEM-AMERICA 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)