

SENT VIA EMAIL OR FAX ON
Sep/01/2009

True Decisions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (214) 717-4260
Fax: (214) 594-8608
Email: rm@truedecisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/01/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Decompressive Lumbar Laminectomy w/Discectomy @ L4/5; Inpatient Hospitalization 3 days

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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)

Decompressive Lumbar Laminectomy w/Discectomy @ L4/5 is medically necessary.

Inpatient Hospitalization 3 days is not medically necessary. One-day length of stay is appropriate.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 08/5/09 and 7/16/09

Management 8/18/09

6/27/07

Dr. 4/14/08, 12/19/2008, 05/08/2009, 07/09/2009, 01/14/2009, 7/29/09

Dr. 1/26/09 thru 2/19/09

Procedure note trigger point injection 02/16/209

Electrodiagnostic report Dr. 6/24/09

Dr. 3/26/08 7/28/09

MRI of the lumbar spine reports 7/13/07 and 1/2/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male with a date of injury xx/xx/xx, when he was pulling market carts with rope and fell. He complains of low back pain radiating to the left lower extremity to the foot. He has had trigger point injections, NSAIDs, ESI's, PT, and multiple medications. Electrodiagnostic report on 06/24/2009 reveals a left L5 radiculopathy. His neurological examination reveals decreased sensation in the left L5 and S1 distributions. The most recent MRI of the lumbar spine 01/02/2009 reveals degenerative disc changes at L4-L5 with a stable disc protrusion indenting the thecal sac.

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

The decompressive lumbar laminectomy/discectomy is medically necessary. The claimant has had a long, protracted course of conservative measure to treat his condition. For some time, his primary complaint has been radicular pain to the left leg. His EMG shows a left L5 radiculopathy. There is a centrally herniated disc at L4-L5 impinging on the thecal sac with some lumbar stenosis. It is likely this is the pain generator. Even though the disc is not lateralized, there is impingement of the thecal sac that houses the nerve roots. The left L5 nerve root can be compromised by the lumbar stenosis. This is the only explanation for the symptoms and electrodiagnostic findings. Lumbar stenosis can affect multiple nerve roots. According to the Occupational and Disability Guidelines, there should be objective evidence of radiculopathy that correlates with neuroimaging. The claimant's clinical picture has satisfied this condition. However, a 3-day inpatient stay is not warranted for this procedure because a lesser inpatient stay would suffice.

References/Guidelines

ODG "Low Back" chapter

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 KNOWLEDGBASE
- 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A

DESCRIPTION)

**[] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE A DESCRIPTION)**