US Decisions, Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: JANUARY 10, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L4/5, L5/S1 Laminectomy (63047) with 2 day inpatient stay, assistant surgeon

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 L4/5, L5/S1 Laminectomy (63047) with 2 day inpatient stay, assistant surgeon.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 11/5/08, 11/14/08
ODG Guidelines and Treatment Guidelines
, MD, 9/19/08, 4/19/07, 9/26/07, 10/7/08, 4/25/08, 3/20/08, 12/10/07, 11/16/07, 9/24/07, 9/20/07, 9/6/07
Note, 10/27/08
Letter, 5/11/07
, 3/7/07
Electrodiagnostic Consult, 6/27/07
Radiology Reports, 12/6/07, 11/16/07, 7/5/07
, 8/29/08, 7/1/08, 6/2/08, 7/31/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx-year-old male injured on xx/xx/xx. He underwent an anterior cervical discectomy and fusion at C5/C6 and C6/C7. He is noted several times in the medical record to be 6 feet 2 inches tall and approximately 372 pounds. He is a smoker. He is said to have asthma, and he has had a previous L4/S1 decompression surgery performed in 1989. He has had various medications including Methadone, OxyContin, and Wellbutrin. He complains predominantly of back pain with some right-sided pain radiating toward the testicles and anterior thigh and some complaints of radiating pain to the L5 region also. An EMG was performed that was nondiagnostic for radiculopathy. There was a protrusion at L1/L2 that apparently showed significant foraminal stenosis. There was some narrowing at the L5/S1 level. At the L5/S1 there was some mention that, in fact, the change in stenosis at this level was related to flexion/extension. He has had pain management, and he has had some physical assessments limited by exaggerated pain behavior. There is no evidence in the medical records of asymmetrical reflexes nor of motor weakness. In one record it is noted there were some sensory changes at L4/L5, but never noted were any S1 changes. He also has some numbness related to his upper extremities. At one point in the chart it was recommended that he undergo a fusion along with laminectomy at only L4/S1, and then subsequently this was changed due to the patient's body habitus to what seemed like a two-level laminectomy without fusion. The previous reviewers denied this request based upon the ODG Guidelines.

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

This patient is a high risk individual who has been described as morbidly obese. He is also a smoker, has asthma, and is on a pantry of medications that according to the guidelines would bode poorly for successful surgical outcome. There is no evidence of the pain generators being clearly identified. There is no obvious indication in the medical records for surgery at these levels. Based upon the high risk of this patient, the comorbid medical condition, the types of narcotic medications that he is taking, the absence of hard, objective, neurological findings, the presence of greater back pain and leg pain in combination with a negative EMG/nerve conduction study, and marginal neurological findings, this patient does not fit the ODG Guideline criteria for laminectomy based on the medical records provided. The reviewer finds that medical necessity does not exist for L4/5, L5/S1 Laminectomy (63047) with 2 day inpatient stay, assistant surgeon.

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)**