



RYCO
MedReview

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Notice of Independent Review Decision

DATE OF REVIEW: 03/02/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient Lumbar Laminectomy, Discectomy, Foraminotomy and Partial Facetomy at L5-S1

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

Board Certified in Orthopedic Surgery

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.

Outpatient Lumbar Laminectomy, Discectomy, Foraminotomy and Partial Facetomy at L5-S1 - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MRI Lumbar Spine Without Contrast, M.D., 04/09/08
- Therapy Notes, M.D., 05/01/08, 05/22/08, 08/09/08, 09/16/08, 10/14/08
- Examination Evaluation, , M.D., 05/07/08
- Examination Evaluation, M.D., 05/23/08, 08/08/08, 11/26/08, 01/20/09
- Initial Functional Capacity Evaluation, Dr., 05/30/08
- Clinical Psychological Interview, M.A., L.P.C., 05/30/08
- Lumbar Epidural Steroid Injection (Caudal Approach) with Epidurogram, D.O., 06/05/08
- Follow-Up Note, Dr., 06/16/08
- Lumbar Epidural Steroid Injection, Dr., 06/26/08
- Utilization Review, M.D., 06/27/08
- Work Hardening Program, Medicine and Rehab, 07/07/08, 07/08/08, 07/09/08, 07/14/08, 07/15/08, 07/16/08, 07/17/08, 07/18/08
- Psychology Progress Notes, Group Therapy, M.A., L.P.C., 07/18/08
- DWC-73, Dr., 08/19/08, 09/16/08, 10/14/08
- Adverse Determination, 09/08/08, 10/17/08, 12/19/08
- Examination Evaluation, D.O., 09/11/08
- DWC-69, Dr. 09/11/08
- Pre-Surgical Behavioral Evaluation, L.P.C., 09/29/08
- Examination Evaluation, M.D., 10/30/08
- Examination Evaluation, M.D., 10/31/08
- Lumbosacral Spine Series – Nine Views, M.D., 11/12/08
- Office Consultation, Three Level Lumbar Discogram, Fluoroscopy, Lumbosacral Spine Series, Dr., 11/12/08
- CT Lumbar Discogram with Coronal and Sagittal Reconstructions, Dr., 11/12/08
- Prior Authorization Request, PA, 12/15/08
- Letter regarding request for preauthorization, Dr., 01/08/09
- Reconsideration/Appeal of Adverse Determination, 01/16/09
- Letter regarding request for medical dispute resolution, Dr., 01/30/09
- Notice to URA of Assignment of IRO, 02/09/09
- Second Opinion Consultation, M.D., 02/10/09
- MRI of the Lumbar Spine, M.D., 02/20/09
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient sustained an injury on xx/xx/xx after being struck by a forklift with acute onset of low back pain. Multiple MRI's were performed as well as an FCE. The patient also underwent work hardening and his most recent medications were noted to be Hydrocodone, Naproxen, Tizanidine and Nexium.

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

The MRI of the lumbar spine from 04/09/08 indicated there was a 3.5 mm central disc protrusion lying predominately within the anterior epidural space without displacement of the S1 neural elements and the neuroforamina were patent. Degenerative changes were minimal at that level. The patient's physical examination noted on 10/31/08 that there was no asymmetry noted about the cervical thoracic spine or upper extremities. No focal neurological deficits were noted in those areas. On examination of the lumbar spine, the patient walked slowly but with no limp. He could stand on toes and heels but he could not walk. The patient did have pain with axial compression but no pain on deep palpation. Neurological examination noted sensation was normal bilaterally. DTR were 2+ symmetrical at the knees and 1+ symmetrical at the ankles. The straight leg raising was 30 degrees on the right and 35 degrees on the left, with a negative Braggart's test noted. The patient could be seated and get to 90 degrees without pain. Range of motion was restricted and extension at 10 degrees versus normal 25 degrees. Lateral bending right and left at 10 degrees versus normal 25 degrees. The patient had multiple give-ways with muscle strength testing and to some muscle groups, he gave no resistance. It was felt that the manual muscle testing was invalid. The patient has six out of eight positive Waddell's signs for symptom magnification. The report by Dr. indicated further treatment in the form of an interdisciplinary pain management program with an aggressive rehabilitation program was indicated. The patient was seen in follow-up on 11/26/08 by Dr. and had a neurological examination of 4/5 strength in the gastrocnemius, left, otherwise 5/5 throughout. DTRs were 1+ left ankle, otherwise 2+ throughout and symmetrical. This is divergent from the report by Dr.. The rationale for non-certification is that this medical record does not indicate findings to support this requested procedure in line with ODG criteria for laminectomy/discectomy.

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)**