



Medical Review Institute of America, Inc.
America's External Review Network

May 7, 2009

Amended decision was sent on May 8, 2009 to the following involved parties: Texas Department of Insurance, MD, Insurance.

DATE OF REVIEW: May 7, 2009

IRO Case #:

Description of the services in dispute:

Lumbar laminectomy, diskectomy, and multiple level use of fluoroscopic.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer completed a fellowship in Pediatric Orthopaedic Surgery. This reviewer is a member of the American Academy of Orthopaedic Surgeons and the Pediatric Orthopaedic Society of North America. This reviewer has been in active practice since 2000.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

Medical necessity of the requested lumbar laminectomy, diskectomy, and multiple level use of fluoroscopic is not established.

Information provided to the IRO for review

Records from State

Request for a Review by an Independent Review Organization (IRO) – 7 pages

Notification of Adverse Determination 3/23/09 – 2 pages

Prior peer review – 3 pages
Prior peer review – 3 pages
Notice of Medical Review Institute of Case Assignment 4/22/09 – 1 page

Records from Provider

Office notes Dr. 3/13/09 – 4/13/09 – 2 pages
Texas Workers' Compensation Work Status Report 4/27/09 – 1 page
Office note, Dr. dated 4/17/09 – 2 pages
Patient Health History Update 4/13/09 – 1 page
Texas Workers' Compensation Work Status Report 4/13/09 – 1 page
Texas Workers' Compensation Work Status Report 3/30/09 – 1 page
Office note, Dr. dated 3/31/09 – 2 pages
Call log 3/23/09 – 1 page
Patient Health History Update 3/30/09 – 1 page
Office note, Dr. dated 3/18/09 – 2 pages
Patient Health History Update 3/16/09 – 1 page
Texas Workers' Compensation Work Status Report 3/16/09 – 1 page
Office note, Dr. dated 3/16/09 – 3 pages
Four-View Lumbar Spine 2/13/08 – 1 page
MR of the Lumbar Spine Without Contrast 1/9/09 – 2 pages
Recheck visit 3/3/09 – 2 pages
Recheck visit 2/17/09 – 2 pages
Recheck visit 2/3/09 – 2 pages
Recheck visit 1/6/09 – 2 pages
Recheck visit 12/9/08 – 2 pages
Recheck visit 11/11/08 – 2 pages
Initial Visit 12/28/06 – 2 pages
Fax Cover Sheet 3/6/09 – 1 page
Request for Referral 3/3/09 – 1 page
Screen Print

Records from Insurance

Pre-authorization request 3/18/09 – 1 page
Notification of Adverse Determination 3/23/09 – 2 pages
Office note, Dr. dated 3/31/09 – 2 pages
Texas Workers' Compensation Work Status Report 4/13/09 – 1 page
Texas Workers' Compensation Work Status Report 3/30/09 – 1 page
Office notes 3/13/09 – 3/30/09 – 1 page
Call log 3/23/09 – 1 page

Patient Health History Update 3/30/09 - 1 page
Office note, Dr. dated 3/18/09 - 2 pages
Patient Health History Update 3/16/09 - 1 page
Texas Workers' Compensation Work Status Report 3/16/09 - 1 page
Office note, Dr. dated 3/16/09 - 2 pages
X-ray lumbosacral 3/13/09 - 1 page
X-ray lumbar spine 2/13/08 - 1 page
MRI Lumbar Spine 1/9/09 - 1 page
Recheck visit 3/3/09 - 2 pages
Recheck visit 2/3/09 - 2 pages
Recheck visit 1/6/09 - 2 pages
Recheck visit 12/9/08 - 2 pages
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Patient clinical history [summary]

The patient is a male who injured his back xx years ago and is indicated for L3-4, L4-5, and L5-S1 hemilaminectomy/discectomy by Dr. Prior case reviews resulted in non-certification. The patient was followed by Dr. for over xxxx years prior to referral to Dr. Dr. documented back and left lower extremity radicular pain in November 2008. Dr. first documented objective evidence of radiculopathy on February 3, 2009, which immediately followed performance of an MRI showing lumbar degenerative disk disease. No conservative treatment is documented from December 28, 2006 - March 3, 2009 except for an epidural steroid injection performed on February 12, 2009, which provided 50-60% improvement in pain for less than 2 weeks. Dr. first saw the patient on March 13, 2009. At that time, he documented on thorough physical examination that the patient had no objective evidence of radiculopathy and asked the patient to return to clinic three days later for review of his MRI. On March 16, 2009, after the patient returned with the MRI, Dr. documented multiple objective signs of left lower extremity radiculopathy including positive straight leg raise, quadriceps and peroneal weakness, thigh atrophy, and numbness in the L4 and L5 distribution with dermatomal sensory deficits. Reflexes remained normal. Dr. did not document how the physical examination could change so dramatically in three days time. MRI report from January 9, 2009 showed left-sided disk protrusions with neural foraminal encroachment at L3-4 and L4-5, and central disk protrusion at L5-S1. The only nerve roots impinged were bilateral S1. The x-rays that were submitted were reviewed and found minimal evidence of degenerative disk disease at L5-S1. The MRI that was submitted was reviewed and agreement is made with the radiologist's report. On March 16, 2009, Dr. first submitted pre-authorization request for three level spine decompression.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Medical necessity of the requested lumbar laminectomy, diskectomy, and multiple level use of fluoroscopic is not established. Documentation of sufficient conservative treatment is not presented for review. Significant doubt about the validity of both Dr. and Dr. 's physical exams is raised. Specifically, Dr. documented multiple physical examinations in the months before seeing an MRI. Once the MRI was reviewed, the physical exam suddenly changed significantly. Dr. 's documentation followed the same pattern, producing the unrealistic development of weakness, numbness, and thigh atrophy over a three day span. Finally, according to convention, notation of disk "protrusions" equates with disk bulges, not herniations. Based on this convention, the patient is reported to have disk bulges, not herniations, from L3-S1. These findings on MRI, in the absence of reliable physical exam findings, does not meet medical necessity for spinal decompression.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG, Low Back, diskectomy/laminectomy

ACOEM, Chapter 12, Table 8, page 52