

# Prime 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Nov/10/2009

**IRO CASE #:**

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

Laminectomy L2-L5 Lumbar 63047, 63048

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

M.D., 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates; Low Back- Discectomy/ Laminectomy

MRI Report: 06/01/09

Adverse Determination Letters, 10/08/09 and 10/18/09

Electrodiagnostic Report: 06/15/09

Procedure Report: 06/26/09 and 07/31/09.

Office Note, Dr. 09/03/09 and 10/01/09

Therapy Notes: 09/08/09, 09/15/09, 09/17/09, 09/18/09, 09/21/09, 09/28/09, 09/30/09, 10/07/09 and 10/09/09

Office Note, Dr.: 07/14/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who reported a slip and fall injury on xx/xx/xx with subsequent low back pain. Lumbar MRI evaluation performed on 06/01/09 noted multifactorial central canal stenosis due to short pedicles and prominence of epidural fat or lumbar epidural lipomatosis; T10-11 diffuse disc bulge and protrusion contributing to mild central stenosis with facet arthropathy; L1-2 with no central stenosis and altered signal from above extending from left

facet; L2-3 with diffuse bulge and multifactorial severe central stenosis with bilateral facet arthropathy and bilateral moderate foraminal stenosis; L3-4 with large diffuse bulge, likely superimposed left lateral foraminal protrusion, bilateral facet arthropathy, severe stenosis, moderate bilateral foraminal stenosis, slight retrolisthesis of L3 on L4 and multifactorial central stenosis; L4-5 large diffuse bulge and central to left protrusion with slight inferior extension, multifactorial central stenosis and severe bilateral foraminal stenosis with the left greater than the right; and L5-S1 bilateral facet arthropathy with no disc herniation or compressive disc disease.

Electrodiagnostic studies conducted on 06/15/09 noted acute mild to moderate right L5-S1 radiculitis with some evidence of early process along the left L5 distribution that correlated with examination findings and imaging and no evidence of plexitis, mononeuropathies or peripheral neuropathy.

The claimant treated with narcotic analgesia, anti-inflammatories and two epidural steroid injections without significant or long-term benefit. Specifically, the claimant noted one week of relief from the first epidural steroid injection and four days of relief from the second injection with recurrent symptoms.

On 07/14/09, the claimant had complaints of low back pain, right leg pain, right calf pain and numbness to all the toes on the right foot. Physical examination demonstrated decreased sensation along the right L5 dermatome, intact strength and equal reflexes at one plus. Dynamic radiographs completed on 09/03/09 indicated loss of disc space from L2-5. The claimant attended nine sessions of physical therapy from 09/08/09 to 10/09/09 with minimal improvement in motion noted.

On 10/01/09, Dr. reported right gastrocnemius weakness of 4/5 and the claimant was now having numbness in the testicles. Recommendation was made for laminectomy from L2-5 to open the spinal canal and get the numbness and strength back in the legs. Dr. indicated the surgery should be done sooner than later to help get nerve function back.

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

Request is for multilevel lumbar decompression L2 to L5.

This is a gentleman who appears to have radicular leg pain due to multilevel spinal stenosis. He has failed conservative treatment with epidural steroid injections and medication. Due to his radicular symptoms and severe stenosis on his MRI, a multilevel decompression would be medically necessary in this case. The request meets the criteria established in the Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates; Low Back- Discectomy/ Laminectomy. The claimant does have radicular symptoms and has failed conservative treatment. His imaging studies show multilevel spinal stenosis. Based upon the medical records provided and the ODG indications for surgery, the reviewer finds that medical necessity exists for Laminectomy L2-L5 Lumbar 63047, 63048.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates; Low Back- Discectomy/ Laminectomy

ODG Indications for Surgery| -- Discectomy/laminectomy -

Required symptoms/findings; imaging studies; & conservative treatments below

I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383. (Andersson, 2000) Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging

Findings require ONE of the following:

A. L3 nerve root compression, requiring ONE of the following

1. Severe unilateral quadriceps weakness/mild atrophy
2. Mild-to-moderate unilateral quadriceps weakness
3. Unilateral hip/thigh/knee pain

B. L4 nerve root compression, requiring ONE of the following

1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
3. Unilateral hip/thigh/knee/medial pain

C. L5 nerve root compression, requiring ONE of the following

1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
2. Mild-to-moderate foot/toe/dorsiflexor weakness
3. Unilateral hip/lateral thigh/knee pain

D. S1 nerve root compression, requiring ONE of the following

1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy
2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness
3. Unilateral buttock/posterior thigh/calf pain

(EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)

II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings

- A. Nerve root compression (L3, L4, L5, or S1)
- B. Lateral disc rupture
- C. Lateral recess stenosis

Diagnostic imaging modalities, requiring ONE of the following

1. MR imaging
2. CT scanning
3. Myelography
4. CT myelography & X-Ray

III. Conservative Treatments, requiring ALL of the following

- A. Activity modification (not bed rest) after patient education ( $\geq$  2 months)
- B. Drug therapy, requiring at least ONE of the following

1. NSAID drug therapy
2. Other analgesic therapy
3. Muscle relaxants
4. Epidural Steroid Injection (ESI)

C. Support provider referral, requiring at least ONE of the following (in order of priority)

1. Physical therapy (teach home exercise/stretching)
2. Manual therapy (chiropractor or massage therapist)
3. Psychological screening that could affect surgical outcome
4. Back school (Fisher, 2004)

**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)