

# Prime 400 LLC

An Independent Review Organization  
240 Commercial Street, Suite D  
Nevada City, CA 95959  
Phone: (530) 554-4970  
Fax: (530) 687-9015  
Email: manager@prime400.com

## NOTICE OF INDEPENDENT REVIEW DECISION

Nov/19/2009

**IRO CASE #:**

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

Right L5-S1 Hemi Laminectomy and Discectomy and one night inpatient stay

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

MD, Board Certified Orthopedic Surgeon  
Board Certified by the American Board of Spine 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

ODG Guidelines and Treatment Guidelines  
Adverse Determination Letters, 8/17/09, 9/29/09  
Neurosurgery, 9/15/09, 8/12/09  
MD, 8/25/09  
MD, 8/4/09  
MRI Lumbar Spine, 2/25/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male injured worker who, according to history, injured his back at work on xx/xx/xx. He is stated to have had epidural steroid injections, although these are not seen in the medical records but rather in the previous reviewer's notes. He is also stated to have had physical therapy, which is also gleaned from a previous reviewer's notes. The current request is for a Right L5-S1 Hemi Laminectomy and Discectomy and one night inpatient stay.

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

Based upon the MRI scan of 2/25/09, there is a small disc protrusion at L5/S1, and it is said to possibly have impingement on the traversing S1 root. The neurologic examinations within the medical records appear to be normal. The only slightly abnormal finding is straight leg raising positive at 45 degrees on the right versus 70 degrees on the left and some decreased sensation over the dorsum of the foot.. Motor examination apparently was normal as were

the reflexes. Based upon the ODG Guidelines, this request does not fit the criteria required. For an S1 nerve root, it would require a severe unilateral toe/foot, plantar flexor, hamstring weakness or atrophy or moderate unilateral toe/foot, plantar flexor, hamstring weakness along with unilateral buttocks, posterior thigh, and calf pain. These findings were not found within the medical records that were provided. Furthermore, given the paucity of findings on the imaging study and the statements that the patient's complaints are predominantly back pain, along with the fact that the requesting physician did not explain why the ODG Guidelines should be set aside in this particular case, this reviewer is unable to overturn the previous adverse determination. The reviewer finds that medical necessity does not exist at this time for Right L5-S1 Hemi Laminectomy and Discectomy and one night inpatient stay.

**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)