

SENT VIA EMAIL OR FAX ON
Aug/19/2010

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/19/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Laminectomy / Decompression Left L5 Nerve Root Decompression with 2 day LOS

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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)

Lumbar Laminectomy / Decompression Left L5 Nerve Root Decompression is medically necessary

2 day LOS is not medically necessary. 1 day is appropriate

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters 6/29/10 and 8/4/10
Dr. 8/6/09 thru 6/17/10
MRI 3/2/09
Lumbar Spine 1/25/09
EMG 4/6/09
Dr. 9/10/09 thru 1/12/10
Dr. 5/29/09 thru 6/30/09
PT Note 4/7/09
Dr. 2/9/10
Dr. 5/15/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male with a date of injury xx/xx/xx, when he slipped and fell and landed on his torso and legs. He complains of radicular leg pain on the left, primarily in the buttocks. He has undergone activity modification, medications, epidural steroid injections, and physical therapy. Electrodiagnostic testing 04/06/2009 revealed evidence of a moderately severe subacute radiculopathy of the left L5 nerve root. His neurological examination reveals a positive straight-leg raising on the left. There is decreased sensation in the left L5 distribution. His neurological examination reveals diminished patellar reflexes bilaterally. An MRI of the lumbar spine 03/02/2009 reveals at L4-L5 a broad based disc bulge and facet

arthropathy with mild canal and bilateral foraminal stenosis. The provider is requesting a lumbar laminectomy/decompression of the left L5 nerve root with a 2-day length of stay

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

The decompressive lumbar laminectomy/discectomy is medically necessary. The claimant has had a long, protracted course of conservative measure to treat his condition. For some time, his primary complaint has been radicular pain to the left leg. His EMG shows a left L5 radiculopathy. There is neuroimaging that demonstrates bilateral foraminal stenosis at L4-L5. According to the Official Disability Guidelines, there should be objective evidence of radiculopathy that correlates with neuroimaging. The claimant's clinical picture has satisfied this condition. In addition, he has failed reasonable conservative measures for his pain. However, a 2-day inpatient stay is not warranted for this procedure. A one-day inpatient stay would be appropriate for this type of procedure.

References/Guidelines

ODG "Low Back" chapter

Miliman Care Guidelines "Lumbar laminectomy/discectomy"

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)