

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 12/10/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Laminectomy, Facetectomy and Foraminotomy (Unilateral or Bilateral with Decompression of Spinal Cord, Cauda Equina And/Or Nerve Root(s), (Eg, Spinal or Lateral Recess Stenosis)), Single Vertebral Segment and 2 day inpatient stay

QUALIFICATIONS OF THE REVIEWER:

Neurosurgery, Surgery Spine

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)

Laminectomy, Facetectomy and Foraminotomy (Unilateral or Bilateral with Decompression of Spinal Cord, Cauda Equina And/Or Nerve Root(s), (Eg, Spinal or Lateral Recess Stenosis)), Single Vertebral Segment and 2 day inpatient stay Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Fax page dated 11/22/2010
 2. Letter by dated 11/22/2010
 3. Notice of assignment by dated 11/22/2010
 4. Letter by dated 11/3/2010
 5. Appeal prospective by MD, dated 11/3/2010
 6. Fax page dated 10/28/2010
 7. Letter by dated 10/5/2010 & 11/4/2010
 8. Initial prospective by MD, dated 10/4/2010
 9. Fax page dated 9/29/2010
 10. Operative report by MD, dated 7/30/2010
 11. Letter by MD, dated 2/23/2010 to 9/28/2010
 12. Refill prescription by author unknown, dated 2/23/2010 to 9/15/2010
 13. Final report by MD, dated 2/2/2010
 14. Myelogram by MD, dated 2/2/2010
 15. CT lumbar spine by MD, dated 2/2/2010
 16. CT cervical spine by MD, dated 2/2/2010
 17. History note by MD, dated 1/19/2010
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18. MRI spine lumbar by MD, dated 12/29/2009
19. Preliminary report by MD, dated 12/29/2009
20. MRI spine lumbar by MD, dated 12/29/2009
21. Cervical spine x-ray by MD, dated 12/19/2009
22. Lumbar spine by MD, dated 12/16/2009
23. Nurse notes by author unknown, dated 12/16/2009
24. Neck by author unknown, dated 12/16/2009
25. Concurrent review request by author unknown, dated unknown
26. Clinical note by author unknown, dated unknown
27. The ODG Guidelines were not provided

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate the injured employee is status post lumbar laminectomy performed in 07/10. The injured employee subsequently was recommended to undergo C3-7 laminectomy decompression.

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

A utilization review determination dated 10/05/10 determined the request for C3-7 laminectomy decompression with 2 day length of stay (LOS) was not medically necessary. The reviewer noted that the most recent clinic note recommended the claimant continue physical therapy for lumbar spine. It was noted that given the injured employee being actively treated for his lumbar condition, cervical laminectomy procedure at this point in time would not be indicated as medically necessary. Moreover, there was no updated physical examination demonstrating evidence of cervical radiculopathy or myelopathy that would reasonably require surgical intervention at this time.

An appeal request for C3-7 laminectomy decompression with 2 day LOS was reviewed on 11/04/10 and again determined as not medically necessary. The injured employee was noted to have significant degenerative disc disease at multiple levels in the cervical spine from C3-7; however, the reviewer noted that the injured employee is fairly asymptomatic on physical examination. No motor weakness, sensory changes, or reflex changes were noted in upper extremities that would indicate the degenerative findings in the cervical spine to be symptomatic. There was no evidence of myelopathy noted. There was minimal clinical documentation regarding prior conservative treatment. The injured employee was reported to have failed physical therapy, but it is unclear if physical therapy was directed toward the injured employee's cervical or lumbar spine. It was further noted the injured employee is currently undergoing postoperative physical therapy for lumbar spine surgery and cervical surgery while undergoing postoperative care for lumbar surgery would not be supported.

The C3-7 laminectomy decompression with 2 day inpatient stay is not supported as medically necessary based on the ODG guidelines. The records reflect that the injured employee is status post lumbar laminectomy performed in 07/10. Imaging studies revealed multilevel degenerative disc disease in cervical spine from C3-7, but the injured employee appears to be asymptomatic with no evidence of motor, sensory or reflex changes in upper extremities noted on physical examination. There is no evidence of myelopathy. There was also minimal clinical documentation regarding prior conservative treatment for the cervical spine. It is further noted that the claimant was continuing in postoperative therapy for the lumbar spine, and as such, surgical intervention of the cervical spine would not be supported while undergoing active postoperative care for lumbar spine surgery. The recommendation is to uphold the previous denial.

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)