



DATE OF REVIEW: December 29, 2009

IRO Case #:

**Description of the services in dispute:**

Right microendoscopic decompression L4-5

**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 Neurological Surgery. This reviewer is a member of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons. The reviewer has completed training in both pediatric and adult neurosurgical care. This reviewer has been in active practice since 2001.

**Review Outcome**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be overturned. The proposed right microendoscopic decompression at L4-5 is medically necessary.

**Information provided to the IRO for review**

Received from the State:

Company Request for IRO – 5 pages

Request for a Review by an Independent Review Organization dated 12/09/09 – 2 pages

Notification of Adverse Determination dated 11/10/09 – 2 pages

Notification of Reconsideration Determination dated 11/30/09 – 3 pages

Notice of Case Assignment dated 12/11/09 – 1 page

Received from the Provider:

Review Summary – 2 pages

Request for a Review by an Independent Review Organization dated 12/09/09 – 3 pages

Notification of Reconsideration Determination dated 11/30/09 – 2 pages

Letter from Dr. dated 11/12/09 – 2 pages

Follow-Up Visit Notes dated 11/12/09 – 2 pages

Notification of Adverse Determination dated 11/10/09 – 2 pages

Review Summary – 3 pages

Preauthorization Request – 1 page

Patient Demographic Information – 2 pages

Initial Office Visit dated 10/09/09 – 2 pages  
Lumbar MRI Report dated 09/18/09 – 1 page

**Patient clinical history [summary]**

The patient is a male who sustained an injury on xx/xx/xx. The patient was picking up tools and noted an immediate sharp pain in the lumbar spine. Clinic note on xx/xx/xx states the patient has been treated with ibuprofen, muscle relaxants and physical therapy that provided no significant benefits. The patient also had Toradol injections, which also did not provide significant improvement. The patient continues to complain of radiating pain to the right leg. Physical exam reports the patient ambulates with an antalgic gait, favoring the right hip and leg. The patient has difficulty standing in one position and has to change positions often. Range of motion in the hips is intact, and limited range of motion in the lumbar spine is noted. Weakness is noted on dorsiflexion of the right foot, and the right extensor hallucis longus demonstrates mild weakness. Decreased sensation is noted in the right lateral calf, and reflexes are equal. A positive straight-leg raise is present at 60 degrees, which reproduces buttock, thigh and calf pain. No clonus is appreciated. Radiographs are reported as normal. The patient was recommended for microendoscopic decompressive laminotomy at the right L4–5 level. MRI of the lumbar spine dated 09/21/09 reports a 5 mm subligamentous disc extrusion noted at the L4–5 level that compresses the thecal sac as well as the L5 nerve roots. Facet joint arthrosis is present with thickening of the ligamentum flavum. Severe central canal stenosis is noted with mild bilateral foraminal encroachment. Prior authorization review dated 11/10/09 denied a microendoscopic decompression at the L4–5 level, stating that there was no reported comprehensive history of the nature and extent of treatment to date with no therapy progress notes or documentation of conservative treatment submitted for review. There was also no indication the patient had a trial of epidural steroid injections. Follow-up on 11/12/09 states the patient continues to have pain in the lumbar spine and the right buttock area. The patient is stated to have tried various non-steroidal medications and IM Cortisone, as well as physical therapy. The patient declined epidural steroid injections. Physical exam reports positive Lasegue's sign to the right with decreased sensation present in the right lateral calf. Weakness continues to be present at the right foot and at the right extensor hallucis longus. A second utilization review dated 11/30/09 denied the request for microendoscopic decompression at the L4–5 level, stating the records did not reflect that the claimant has complete objectified evidence of radiculopathy to include loss of relevant reflexes and muscle atrophy.

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

Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, the prior denials are overturned at this time. The patient has undergone conservative care and does indeed have objective evidence of radiculopathy consistent with the pathology noted on advanced imaging. The patient has met all criteria set forth in ODG, low back chapter for decompression and has met medical necessity for microendoscopic decompression L4–5.

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

ODG, Low Back Chapter, Online Version

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)