



## Notice of Independent Review Decision

### **DATE OF REVIEW:**

01/11/2010

### **IRO CASE #:**

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

Right lumbar hemilaminectomy L5/S1 with 23 hour stay (CPT 63030, 77003, 64483)

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**Right lumbar hemilaminectomy L5/S1 with 23 hour stay (CPT 63030, 77003, 64483) is not medically necessary.**

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- TDI/DIVISION OF WORKERS' COMPENSATION referral forms
- 12/30/09 MCMC Referral
- 12/30/09 letter from Travelers
- 12/29/09 Notice of Assignment of Independent Review Organization, DWC
- 12/29/09 Notice To MCMC, LLC Of Case Assignment, DWC
- 12/28/09 Confirmation Of Receipt Of A Request For A Review, DWC
- 12/22/09 UR Reconsideration Uphold letter
- 12/17/09 Electromyography and Nerve Conduction Velocity Report, M.D.
- 12/03/09 UR Reconsideration Uphold letter, RN, xxxx
- 11/10/09 Denial by Physician Advisor letter, Claims Adjuster
- 11/03/09, 12/24/09 Continuation Progress Notes, xxxxxx
- 10/19/09 Operative Report, M.D., xxxxx
- 09/28/09, 11/24/09 office notes, M.D., xxxxx
- 09/23/09 Follow Up Visit. M.D.
- 09/21/09 MRI lumbar spine, xxxxx
- 09/03/09, 10/13/09, 10/15/09, 10/16/09 Physical Medicine/Rehab Reports, xxxxxx
- Note: Carrier did not supply ODG Guidelines.

### **PATIENT CLINICAL HISTORY (SUMMARY):**

The injured individual is a male with date of injury xx/xx/xx. The injured individual had physical therapy (PT) and an L5/S1 epidural steroid injection (ESI) with no benefit. The MRI showed a right L5/S1 herniation of nucleus pulposus (HNP) with stenosis. The electromyogram (EMG) was normal. On physical exam (PE) pre and post ESI he had positive right leg straight leg raising (SLR) and absent right Achilles reflex. He could stand on his toes.

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

The discectomy is denied since the injured individual's clinical presentation does not meet Official Disability Guideline requirements for surgery. Specifically, the injured individual has normal motor strength and can stand on his toes; his only radicular finding is an absent S1 deep tendon reflex (DTR) on the right side. In light of no documented atrophy or motor weakness in the foot or hip/thigh/buttock/knee/calf pain on PE the surgery is denied.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:****ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

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)