

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: December 22, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral L4-L5 and L5-S1 laminectomy/discectomy (CPT: 63030, 63035)

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

Certified, American Board of Orthopaedic Surgery

REVIEW OUTCOME

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

X Upheld (Agree)

Medical documentation does not support the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ATTORNEY

- Office visits (04/28/09 – 10/09/09)
- Lumbar MRI (05/01/09)
- Lumbar caudal ESI (06/22/09)
- Pre-authorization request (10/14/09)
- Utilization reviews (10/16/09, 10/20/09)

Dr.

- Office visits (04/28/09 – 10/09/09)
- Lumbar MRI (05/01/09)
- Caudal ESI (06/22/09)

TDI

- Utilization reviews (10/16/09, 10/20/09)
- IRO request (12/10/09)

ODG have been utilized for denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was working on a diesel motor putting a turbo charger in when he slipped and fell backwards and landed on his tailbone and the turbo charger landed on his chest. He developed in the thoracic and lumbar region since that time. This incident occurred on xx/xx/xx.

On April 28, 2009, M.D., noted complaints of pain in the lower back and the right leg radiating to the right hip, both posterior lateral and groin, and then somewhat into the thigh to the knee. The patient had initially been evaluated by the company physician, who felt that he probably just had a sprain/strain and told him eventually that he was at maximum medical improvement (MMI) and did not need further treatment. The patient was then seen by an orthopedic surgeon who recommended conservative treatment such as physical therapy (PT), of which he had none. He had been off work as no light duty was available. He was utilizing Motrin. Examination revealed 0/5 strength in the right extensor hallucis longus (EHL). X-rays revealed minimal retrolisthesis at L5-S1. Dr. diagnosed low back and right lower extremity pain and right EHL weakness, prescribed Mobic, initiated PT, and placed him off work.

Magnetic resonance imaging (MRI) of the lumbar spine revealed mild bilateral facet arthropathy at L4-L5 and L5-S1. There was no evidence of an acute disc herniation or nerve root compression.

From June through August, Dr. treated the patient with medications, two caudal epidural steroid injections (ESIs), and six sessions of PT without any improvement.

On October 9, 2009, Dr. noted the patient was using tramadol on an occasional basis. Examination revealed 0/5 strength in the right EHL and mildly positive nerve root stretch on the right at 45 degrees. Dr. opined the patient had L5 radiculopathy on the right probably secondary to L5 neural impingement at L4-L5 and lateral recess stenosis bilaterally at both the L4-L5 and L5-S1 levels. He had failed conservative treatment consisting of medications, PT, and ESIs. Given the severity of the pain, bilateral L4-L5 and L5-S1 laminectomy and partial discectomy was recommended.

On October 16, 2009, M.D., denied the request for bilateral L4-L5 and L5-S1 laminectomy/discectomy based on the following rationale: *“MRI fails to reveal any significant abnormal findings of neurocompression. Physical examination findings fail to reveal any advancing motor or neurological deficits. Given the lack of MRI findings coupled with physical examination findings reflective of neurocompression and radiculopathy, request not medically necessary.”*

On October 20, 2009, M.D., denied the appeal for bilateral L4-L5 and L5-S1 laminectomy/discectomy based on the following rationale: *“This is a male with a date of injury of February 12, 2009. He has ongoing low back and right lower extremity pain. He was injured while trying to install a turbocharger on a fire engine when it fell onto his chest and he fell backwards to the floor striking his sacrum, lower lumbar, and coccygeal areas. His May 1, 2009, MRI fails to reveal any significant abnormal findings of neurocompression. His physical examination findings fail to reveal any advancing motor or neurologic deficits. The claimant has been treated with PT, medications, and two ESIs without much improvement. He has pain in the back, but more significant pain radiating down both lower*

extremities, right greater than left. His physical exam revealed 0/5 weakness of the right EHL, otherwise motor strength was intact. Quadriceps and Achilles reflexes are symmetric. Nerve root stretch is mildly positive on the right at 45 degrees and negative on the left. There are intact peripheral pulses, no pitting edema, and no atrophy noted. ROM of the hips and knees are normal without pain. There is no EMG for objective evidence of radiculopathy.”

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

There is insufficient evidence of clinical radiculopathy per ODG criteria. There is no evidence of a neurocompressive lesion that could respond to surgical decompression. The opinions of the preauthorization reviewers appear to be accurate and in accordance with ODG criteria.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES