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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/13/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

63047 Lumbar Posterior Decompression @ Bilateral L4-5; and 99221 Inpatient Hospitalization x 2 Days

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

M.D., Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG-TWC Treatment Guidelines

Injury Report, 5/1/09

ER, 05/01/09

X-ray dorsal spine, 05/01/09

X-ray lumbar spine, 05/01/09

Office notes, Dr., 05/07/09, 05/11/09, 05/15/09, 05/22/09, 05/29/09, 06/12/09, 07/21/09, 08/04/09

X-ray lumbar spine, 05/07/09

MRI lumbar spine, 06/09/09

Office notes, Dr., 07/06/09, 01/14/10, 02/17/10

ESI, 08/28/09, 10/20/09

Office notes, FNP, 09/22/09

Office notes, FNP for Dr., 11/22/09, 03/05/10, 03/17/10

MRI lumbar spine, 02/03/10

Office notes, Dr., 04/08/10, 05/20/10

Novare/Peer review/Denial letters, 04/29/10, 05/07/10

Associate Statement, 05/01/09

Therapy, 05/13/09, 05/15/09, 05/22/09, 05/29/09, 12/02/09, 12/05/09, 12/15/09, 12/18/09, 12/21/09, 12/20/09, 12/21/09, 12/28/09, 01/26/10

Dr., 05/29/09, 07/07/09

PAC, 06/19/09

Work Status, 06/24/09

Report of Medical Evaluation, 08/04/09

Dr., 11/02/09, 02/25/10, 04/14/10, 10/20/09

Test Form, 01/06/10

Letter, 03/17/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female injured on xx/xx/xx when she was stocking meat and her back popped. She was seen in the emergency room on the day of injury and released with medications. The x-rays of the dorsal spine showed mild anterior spondylosis and mild endplate sclerosis. X-rays of the lumbar spine demonstrated that S1 was partially sacralized on the right, mild scoliosis, anterior spondylosis most prominent at T12-L1 and a somewhat small disc toward L5 and S1. Repeat x-rays on 05/07/09 noted the transitional lumbar segment with partial sacralization of the right transverse process which articulated with the sacrum, mild scoliosis to the right and the disc spaces were maintained. Initial treatment included various medications and a course of therapy.

The claimant came under the care of Dr.. He treated her with therapy and medications for complaints of back pain with intermittent to the lower extremities. On the 5/29/09 visit, Dr. noted that she was worse with back pain to the left leg. There was an absent left Achilles reflex and decreased sensation of the dorsum of the left foot. He ordered a back brace and work restrictions

A 06/09/09 MRI of the lumbar spine documented T12-L1, L1-2 desiccation, moderate decrease in disc height and a bulge with impression on the thecal sac. At L2-3 there was moderate desiccation with a protrusion that impressed on the thecal sac and moderate facet arthrosis. There was L3-4 mild desiccation with a bulge that impressed on the thecal sac, mild bilateral facet arthrosis and mild bilateral foraminal narrowing. L4-5 showed moderate desiccation with mildly decreased disc height; a bulge impressed on the thecal sac; moderate bilateral facet arthrosis and mild bilateral neural foraminal narrowing. At L5-S1 there was sacralization of L5.

On 06/12/09, Dr. 's examination documented tenderness and spasm but no weakness. She had decreased light touch to the left foot and the absent left ankle reflex. Lyrica was added and she was sent for epidural steroid injections. The claimant had two injections with no reported long term relief. Additional therapy was ordered

On 01/14/10, Dr. noted that she had made progress with therapy but that she had a new right radicular pain, back pain, numbness and tingling. He reordered Medrol, therapy, Lyrica, hydrocodone and Robaxin. A repeat 02/03/10 MRI of the lumbar spine noted that L5 was transitional. There was T12-L1 severe disc space narrowing and diffuse bulge/spondylosis anterolaterally. At L1-2 was moderate disc space narrowing with a bulge to the right. L2-3 showed moderate disc space narrowing with a disc bulge and annular fissure, ligamentum flavum thickening and facet arthrosis with minimal canal stenosis. At L3-4 was mild disc space narrowing, diffuse bulge, ligament flavum thickening and bilateral facet arthrosis that caused mild canal stenosis; mild left foraminal narrowing; a bulging disc caused indentation of the left L3 nerve root. L4-5 documented mild disc narrowing, diffuse bulge, annular fissure, ligament flavum thickening and bilateral facet arthrosis; mild canal stenosis and narrowing of the right lateral recess with increased CSF surrounding the right L5 nerve root. The disc bulge touched and caused mild flattening of the left L5 nerve root. L5-S1 was transitional with a prominent right transverse process that had a pseudoarthrosis with the sacrum. The right L5 canal was narrowed.

Dr. referred her for a surgical opinion. On 04/08/10, Dr. saw the claimant for a surgical opinion. She had bladder/bowel urgency when pain was severe but no incontinence. The claimant reported 50 percent back pain and 25 percent pain to each lower extremity. On examination, there was normal ambulation. Forward flexion was decreased due to pain but she maintained full extension. She was able to toe and heel walk and could single leg stand and squat. There was full motor strength and sensation. The reflexes were normal. X-rays revealed disc degeneration and mild scoliosis. He felt the MRI showed lateral recess stenosis at L4-5 bilaterally and somewhat at L5-S1. The impression was radiculitis and surgery was advised. Surgery was denied on peer review.

On 05/20/10, Dr. reported the claimant had tightness in her back and some shooting leg pain that was increased to the bilateral lateral thigh and leg, right more than left. The pain was in

the L5 dermatome bilaterally with intermittent numbness and tingling. On examination, there was full strength and intact light touch. Dr. noted that he recognized there were no physical findings to substantiate the diagnosis of radiculopathy she clearly had radiculitis that limited daily activity. He felt she was still a candidate for bilateral decompression at L4-5.

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

The requested lumbar posterior decompression bilateral L4-5 with two day hospitalization is not medically necessary based on review of this medical record.

This is a woman who has back and leg complaints. She has undergone x-rays and two different MRIs. The most recent MRI report, 02/03/10, documents degenerative disc changes at multiple levels. At L4-5, there is mild flattening of the left L5 nerve root. The claimant has back and leg complaints, but none of the medical records document a true lower extremity neurologic abnormality. The claimant has been treated with medications, physical therapy, home exercises, and epidural steroid injection without good long-term improvement .

ODG guidelines document the use of lumbar laminectomy/discectomy in patients who have back and radicular leg complaints, positive physical findings to include neurologic abnormality or abnormal EMG testing, and correlating abnormal diagnostic testing and have failed appropriate conservative care. In this case, there is no clear documentation of a true neurologic abnormality or abnormal EMG, although the claimant does have back and leg complaints and has apparently subjectively failed conservative care. She does not meet the criteria for ODG guidelines of surgery.

Her treating doctor, Dr., has noted on 05/20/10, that she does not have physical findings to substantiate a diagnosis of radiculopathy although she clearly has radiculitis, She has not undergone EMG of both lower extremities to try to make an absolute anatomic diagnosis prior to having any discussion about different types of surgical intervention. Since she does not have any evidence of neurologic findings at this time, the requested surgical intervention is not medically necessary at this time. The reviewer finds that medical necessity does not exist at this time for 63047 Lumbar Posterior Decompression @ Bilateral L4-5; and 99221 Inpatient Hospitalization x 2 Days.

Official Disability Guidelines 2010. 15th Edition-Low Back Chapter

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

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)