

SENT VIA EMAIL OR FAX ON
Jul/19/2010

Independent Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0311
Email: rm@independentresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient Lumbar Lami Discectomy L5/S1 LOS X 1 day

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

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

OD Guidelines

Dr. /FNP 08/1/09, 09/23/09, 10/19/09, 11/16/09, 12/14/09, 0/13/10, 04/07/10

ESI 09/11/09, 01/21/10

Dr. 02/10/10

Dr. 05/07/10

07/01/10, 05/26/10, 06/17/10

MRI 06/24/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant was injured on xx/xx/xx after lifting at work.

A 06/23/09 MRI of the lumbar spine showed T11-12, T12-L1 mild to moderate degenerative changes. There was L2-3 desiccation with mild loss of disc height, minimal spondylosis and mild bilateral facet arthrosis without substantial compromise. At L4-5, there was facet

arthrosis. L5-S1 showed reduced hydration and disc space narrowing; mild annular bulge and a right herniation; minimal endplate spondylosis and facet arthrosis; normal bilateral neural foramina; and likely impingement on the right S1 nerve root by the herniation

The claimant came under the care of Dr. et al and was treated with medications, chiropractic and physical therapy. Examinations showed there were intermittent signs of nerve root compression/irritation such as positive straight leg raise, weakness and decreased sensation. On 11/09, the claimant had an epidural steroid injection at right L5 and S1 with 50 percent reduction in pain. A second injection was performed in January 2010 without apparent benefit.

Dr saw the claimant on 05/07/10 for low back and bilateral radiculopathy. There was pain at night and with coughing. On examination, the claimant was able to stand on the toes and heel and pain with flexion. Strength was 4+/5 on the right. Sensation was decreased on the right at L4, 5 and S1. Seated straight leg raise was. Dr. felt the MRI showed disc desiccation at L5-S1 and L2-3, a large herniation at L5-S1 with central stenosis and bilateral foraminal stenosis. Surgery was recommended and was denied on peer review.

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

The requested L5-S1 discectomy with a one-day length of stay appears reasonable based on the information provided.

The claimant has radiating pain to the right leg and foot with a right-sided disc herniation at L5-S1 impinging on the right S1 nerve root. The claimant has been treated with therapy, medications, and epidural steroid injections. The claimant has ongoing symptoms despite conservative measures, and the claimant has corresponding findings of diminished strength and sensation.

Despite the negative straight leg raise, the claimant has sufficient other findings including MRI findings, that would warrant the requested discectomy procedure. The claimant has failed sufficient conservative care, and there has been sufficient time since the reported injury to warrant the requested operation.

Official Disability Guidelines 2010. 15th Edition-Low Back

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. (**Error! Hyperlink reference not valid.**) 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

(Error! Hyperlink reference not valid. 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. **Error! Hyperlink reference not valid.** imaging

2. **Error! Hyperlink reference not valid.** scanning

3. **Error! Hyperlink reference not valid.**

4. **Error! Hyperlink reference not valid.** & X-Ray

III. Conservative Treatments, requiring ALL of the following:

A. **Error! Hyperlink reference not valid.** (not bed rest) after **Error! Hyperlink reference not valid.** (\geq 2 months)

B. Drug therapy, requiring at least ONE of the following:

1. **Error! Hyperlink reference not valid.** drug therapy

2. Other analgesic therapy

3. **Error! Hyperlink reference not valid.**

4. **Error! Hyperlink reference not valid.** (ESI)

C. Support provider referral, requiring at least ONE of the following (in order of priority):

1. **Error! Hyperlink reference not valid.** (teach home exercise/stretching)

2. **Error! Hyperlink reference not valid.** (chiropractor or massage therapist)

3. **Error! Hyperlink reference not valid.** that could affect surgical outcome

4. **Error! Hyperlink reference not valid.** (**Error! Hyperlink reference not valid.**)

Milliman Care Guidelines, 14th Edition, Inpatient and Surgical Care

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)