



# IMED, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 02/22/10

**IRO CASE NO.:**

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

Item in dispute: Posterior Spinal Decompression Discectomy at L4-5, L5-S1 w/ 1-2 day LOS

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

Board Certified Orthopedic Spine  
Practicing Neurosurgeon

**REVIEW OUTCOME**

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

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. IRO referral form.
2. Clinic notes M.D. 11/20/07-03/26/08.
3. Radiology report 3 views lumbar spine 10/20/08.
4. Medical Group PM&R progress notes 10/27/08-11/24/08.
5. SOAP notes D.C. 10/27/08-01/22/09.
6. Consent forms.
7. Preauthorization request 11/05/08 physical therapy 3x2 authorization.
8. Preauthorization request MRI right wrist and MRI lumbar 12/22/08 withdrawn.
9. MRI lumbar spine 01/12/09.
10. Preauthorization bilateral EMG/NCV lower extremities 01/26/09 authorized.
11. Procedure note transforaminal epidural steroid injection left L4-5, L5-S1, 05/22/09.
12. Office visit note 05/29/09 M.D.
13. Neurosurgical consultation and office notes M.D. 08/24/09-01/12/10.
14. Preauthorization 01/04/10 posterior spinal decompression discectomy L4-5, L5-S1 with 1-2 LOS, non-authorized.
15. Preauthorization 01/21/10 posterior spinal decompression discectomy L4-5, L5-S1, non-authorized.
16. ***Official Disability Guidelines***

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

The employee is a male whose date of injury is xx/xx/xx. The employee was evaluated by Dr. on 08/14/09 where he reported the employee was fixing fence pulling and fell backwards into hole injuring his low back and right wrist. The employee complained of low back pain radiating into left lower extremity and pain in right wrist.

Records indicate the employee was initially treated at Medical Clinic with medications, restricted duty, but continued with low back pain radiating to left lower extremity and with pain in right wrist. The employee then returned to work at regular duty. The employee was sent to have physical therapy, given analgesics, and administered two epidural steroid injections to lumbar spine which helped minimally. MRI of the lumbar spine dated 01/12/09 reported L5-S1 left paracentral disc protrusion and L4-5 central disc protrusion with mild impingement of L5 nerve bilaterally, left greater than right. Mild degenerative disc and joint disease is noted consistent with age involving both anterior and posterior elements. Neurological and physical examination by Dr. on 08/14/09 reported the employee to be 5'8" and 224 pounds. There was normal range of motion of the cervical spine. Cranial nerve exam was within normal limits. Deep tendon reflexes were decreased but equal. No motor deficits were found. There was decreased range of motion of lumbosacral spine. Straight leg raise test was found to be positive at 40 degrees on left. Deep tendon reflexes were decreased at ankles. There was decreased sensation at L5-S1 on left, with no motor deficit. The employee reported smoking about one cigarette per day and does not drink.

A preauthorization request for posterior spinal decompression and discectomy at L4-5, L5-S1 with 1-2 day in-patient stay was non-authorized on 01/04/10. The physician advisor noted the employee has no motor deficit. It was further noted the employee has been able to do regular work. The reviewer noted that Dr. recently wanted to do fusion surgery and submitted for decompression treatment. It was noted there was no validated nerve root pressure on MRI that would necessitate any spine surgery of both L4-5 and L5-S1 levels. A Required Medical Evaluation (RME) was recommended prior to any spine surgery being approved.

A reconsideration/appeal request for posterior spinal decompression with discectomy L4-5, L5-S1 was reviewed on 01/21/10 and non-authorized. The physician advisor noted the employee is tobacco user. The reviewer noted on 01/11/10 Dr. noted the employee was to have RME as advised by previous reviewer; however, there was no record that notes the RME was in concurrence with proposed surgery.

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

Based on the clinical information provided, medical necessity is not established for posterior spinal decompression and discectomy at L4-5, L5-S1 with 1-2 day in-patient stay. The employee is noted to have sustained an injury to low back on xx/xx/xx when he was fixing a fence and fell backwards injuring his low back and right wrist. MRI of lumbar spine reported degenerative changes with left paracentral disc protrusion at L5-S1 and central disc protrusion at L4-5 with mild impingement of bilateral L5 nerve roots, left greater than right. He has continued to work full duty. Accordingly, it appears the previous denials were appropriately determined.

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

2010 Official Disability Guidelines, 15th edition, 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](#))