

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 11/13/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Revision of left lumbar laminectomy @ L4-S1 (63042, 63047)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:
Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
724.02	63042		Prosp						Overturn
724.02	63047		Prosp.						Overturn

INFORMATION PROVIDED FOR REVIEW:

- Certificate of independence of reviewer
- TDI case assignment
- Letters of denial, 10/05/10 and 10/15/10 including criteria used in the denial
- Research and study publications regarding the procedure in dispute provided by treating doctor
- Orthopedic evaluations and followups, radiology and range of motion reports from 01/14/10 through 09/16/10.
- Orthopedic evaluations and followup, radiology and range of motion reports from 01/19/09 through 12/01/09.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This patient is a male who sustained an injury on xx/xx/xx. He is status post multiple lumbar and surgical procedure and lumbar laminectomy at L5/S1 in November 2004, and revision procedures in April 2005. He has undergone several epidural steroid injections in 2006, 2007, 2008, and 2009. He continues to have persistent pain. Recent clinical notes show low back pain radiating into the lower extremities. There is also decreased range of motion of the lumbar spine and positive straight leg raising bilaterally with diminished sensation in the L5 distribution bilaterally. Lumbar decompression on the left side has not been

approved by the insurance company mainly due to the lack of imaging findings showing disc herniation or stenosis at L5/S1. The CT myelogram did show compression at L4/L5.

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

The patient has been seen by multiple physicians who recommend he is a candidate for revision decompression. He has radicular symptoms and stenosis is shown mainly at L4/L5. However, there is some stenosis noted at L5/S1 and a solid fusion there. The prior history of epidural steroid injections at that level with temporary relief confirms that. The patient has failed extension conservative management and I believe is a candidate for lumbar decompression laminectomy at L4/L5 and L5/S1 to help control his symptoms. The requesting surgeon has provided adequate information including literature to support his request for independent review. I believe that surgery for this patient would be medically reasonable and necessary at this point.

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

- ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)