

# **INDEPENDENT REVIEWERS OF TEXAS, INC.**

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 11/09/10

**IRO CASE NO.:**

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

Item in dispute: Appeal Denied Appeal Request for a Bilateral L5-S1 Hemilaminectomy and Discectomy with 1 Day In Patient Stay (63030-50)

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

Texas Board Certified Orthopedic Surgeon  
Texas Board Certified Orthopedic Sports Medicine

**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. 06/03/09 - Electrodiagnostic Studies
2. 07/01/09 - Operative Report
3. 07/30/09 - Operative Report
4. 04/28/10 - MRI Lumbar Spine
5. 06/23/10 - Designated Doctor Evaluation
6. 06/23/10 - Report of Medical Evaluation
7. 07/01/10 - Clinical Note - Unspecified Provider
8. 08/10/10 - Clinical Note - MD
9. 08/10/10 - Radiographs Lumbar Spine
10. 08/20/10 - MRI Lumbar Spine
11. 08/27/10 - Utilization Review
12. 09/02/10 - Letter -MD
13. **Official Disability Guidelines**

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

The claimant is a male who sustained an injury on xx/xx/xx when the chair he was sitting in gave way, causing him to fall and hit the coccyx area.

Electrodiagnostic studies performed 06/03/09 reveal electrophysiologic evidence most consistent with active denervation processes involving the bilateral S1 nerve.

The claimant underwent diagnostic/therapeutic sacrococcygeal ligament steroid injection on 07/01/09 and 07/30/09.

An MRI of the lumbar spine performed 04/28/10 demonstrated degenerative change, posterior narrowing, and broad-based posterior bulge at L4-L5. At L5-S1, there was degenerative change. A left-sided focal disc extrusion with potential to affect the S1 root was noted.

A Designated Doctor Evaluation was performed on 06/23/10. The claimant complained of soreness and pain in the low back as well as tingling in the bilateral thighs. Physical examination revealed no tenderness to palpation in the coccyx area. There was no sensory deficit noted to either light touch or pinwheel in the lower extremities. There was good flexion and extension strength in the knees, ankles, and hips. Straight leg raise was normal. The claimant was assessed with coccygodynia. The claimant was placed at MMI and was assigned a 0% whole person impairment.

The claimant saw Dr. on 08/10/10 with complaints of low back pain and left leg pain. The note stated the claimant sustained a previous injury in xx/xx when he fell down the stairs, landing on his buttocks on the concrete. Prior treatment included physical therapy, chiropractic treatments, massage therapy, and injections. The claimant reported sub-optimal relief in his pain levels. The claimant denied bowel or bladder dysfunction. Physical examination revealed mild soft tissue pain with palpation. Straight leg raise was positive bilaterally. Toe and heel walking was painful on the right and unable to be performed on the left. Deep tendon reflexes were decreased at the right S1 and absent at the left S1.

Radiographs of the lumbar spine performed 08/10/10 demonstrated mild vacuum disc phenomena and disc height narrowing at L5-S1. There was minimal spondylosis in the lumbar spine. There was no significant motion between flexion and extension. The claimant was recommended for lumbar hemilaminectomy and discectomy bilaterally at L5-S1. The claimant was prescribed Neurontin 300mg.

The request for bilateral L5-S1 Hemilaminectomy and Discectomy with 1 day inpatient stay was denied by utilization review on 08/27/10 due to significant difference between the examination findings of the requesting provider and the Designated Doctor Evaluation. Also, no procedure reports were submitted to clarify whether the claimant's steroid injections were to the coccyx or epidural steroid injections.

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

The requested hemilaminectomy and discectomy at L5-S1 with a 1 day length of stay would not be recommended as medically necessary. The claimant does have pathology on the provided MRI study at L5-S1; however, there is minimal clinical documentation regarding the claimant's prior conservative therapy. It is unclear whether the claimant has undergone epidural steroid injections and no physical therapy progress notes were provided for review documenting therapy for the claimant's radicular complaints. The claimant has significant differences on examination findings with a normal neurologic examination in June of 2010 and significant reflex changes in the lower extremities in August of 2010.

Given the lack of clinical documentation regarding prior conservative therapy for the claimant's most recent complaints and the difference in examination findings, the surgical request would not be considered medically necessary at this point in time.

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

1. **Official Disability Guidelines**, Online Version, Low Back Chapter