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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sep/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient lumbar decompression at L5-S1

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 Indications for Surgery – discectomy/laminectomy,
7/21/10, 7/6/10

Peer review, Dr., 11/09/09

Medical Record Review, Dr., 02/13/10

Lumbar X-rays, 05/06/10

MRI Lumbar spine, 05/06/10

Office note, Dr., 06/28/10

Peer review, Dr., 07/06/10

Letter of appeal, Dr., 07/13/10

Peer review, Dr., 07/21/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury to his low back on xx/xx/xx when he was closing a gate made of pipe and strained his back. The claimant had a history of a previous back work related injury in 2006 but had returned to work. His xx/xx/xx injury was treated with a Medrol dosepak, Vicodin and moist heat/ice with modified duty. An MRI of his lumbar spine 09/28/07 showed a pars defect of L5 bilaterally and 5 mm anterolisthesis of L5 on S1 with pseudo disc formation and superimposed posterior disc herniation eccentric to the right hand and a 3 to 4 mm synovial cyst formation affecting the L5 exiting nerve on the right. He was seen by neurosurgeon who diagnosed L5 and S1 grade I spondylolisthesis with bilateral foraminal stenosis and on 10/25/07, the claimant underwent a posterior lumbar interbody infusion at L5-S1.

The claimant was released back to work on 04/28/08 with restrictions. He began to have recurrent back pain on 07/31/08. The claimant underwent an independent medical examination and was given an impairment rating of 5% on 02/02/10. The claimant saw Dr. on 06/28/10 and complained of low back pain, right hip pain and right leg pain. He stated that his medications, TENS unit and heat helped a bit. On examination the claimant could forward flex 15-20 degrees. He had no extension and less than 5 degrees of lateral flexion. He had marked tenderness to even light palpation over the right paraspinal muscles with altered sensation on the right side from his hip down to his foot.

The claimant's seated straight leg raise was painful at about 35 degrees with some back discomfort and ache. His deep tendon reflexes were a trace at the knees and ankles bilaterally. Dr.'s impression was the claimant's sensory abnormality was not consistent with any demonstrated abnormality and the motor deficit and motor exam suggested some degree of nonorganic pain behavior. He noted that he wanted to discuss the claimant's case with Dr. before he made any specific recommendations.

A peer review on 07/06/10 resulted in a non-authorization of lumbar decompression at L5-S1. It was felt that the performance of surgery without decompression of the central stenosis above L5-S1 did not appear medically reasonable. Dr. appealed the decision and in his letter of appeal dated 07/13/10 opined that the claimant had multilevel central spinal stenosis from L2-L5 with scarring and severe foraminal stenosis on the right at L5-S1. The claimant's exam suggested a motor deficit of the right dorsiflexors and he had a positive straight leg raise on the right indicating nerve root tension with diffuse sensory changes over the right leg. Dr. noted that he was not looking to treat central canal stenosis; rather he believed he could offer a chance of relieving some of the claimant's nerve root compression. Another peer review done on 07/21/10 upheld the denial. It was felt that the post surgical scar would not be relieved by decompression and with a solid fusion it was not possible for the osteophytes at L5-S1 to cause problems that were not related with the prior surgery. It was also noted that the symptoms of numbness were not dermatomal, the weakness noted on exam was questionable, the back tenderness seemed excessive and non anatomic and reflexes were symmetric. The physician concluded that if the symptoms were not relieved from first surgery, it was highly unlikely with the claimant's vague symptoms he would be helped by a second surgery.

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

This claimant already has a fusion at the L5-S1 level, and the claimant underwent a previous decompression. Though the claimant reports right hip and right leg pain, it is not clear that the pain is in a specific dermatomal distribution. The claimant's exam does not show focal signs of radiculopathy relating to the reported right foraminal narrowing at L5-S1. The claimant, additionally, portrays marked tenderness to even light palpation, which is generally a nonorganic finding.

Given the lack of focal complaints or objective signs of radiculopathy, the requested surgical procedure is unlikely to be beneficial for this claimant based on the ODG and the information provided. This is especially the case in patients with nonorganic behavior, as described in the records reviewed.

Official Disability Guidelines for a decompression would require focal objective signs of radiculopathy to correspond with the imaging studies. The claimant does not meet this requirement, based on the information provided. The reviewer finds there is not medical necessity at this time for Outpatient lumbar decompression at L5-S1.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates. Low Back

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

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)

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)