

SENT VIA EMAIL OR FAX ON
Sep/09/2010

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Laminectomy and Microdiscectomy L4/5

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

Peer Review 08/10/10 , 08/19/10

Procedure orders 06/22/10

Computerized muscle testing and Range of motion 06/14/10

Articles : Microsurgical Anular Reconstruction Following Lumbar Microdiscectomy: Joseph C. Cauthen No Date

Repair of the Anulus Fibrosus after Lumbar Discectomy : Cauthen /Sherman / Davis / Peppelman/ Ypnemura/ Griffith No Date

PATIENT CLINICAL HISTORY SUMMARY

This is a female who reportedly on xx/xx/xx was lifting a large bag, which resulted in a sudden onset of low back pain. The claimant has been diagnosed with lumbar radiculitis along with right shoulder impingement syndrome. An initial consultation dated 03/03/10 noted the claimant with low back pain with radiation into the right leg. Medications were prescribed, physical therapy recommended and the claimant was to be off work.

A lumbar MRI followed on 03/23/10, which revealed a large disk herniation L4-5 with impingement on exiting nerve root sleeve.

An EMG/NCS of the bilateral lower extremities followed on 05/27/10, which was reportedly normal. A follow up physician record of 06/14/10 noted the claimant with constant low back pain with radiation down the right lower extremity. An examination revealed patellar and Achilles reflexes were blunted bilaterally and barely elicitable, paresthesias in the shin and lateral aspect of the right lower extremity, motor weakness on the right, severe tenderness in the lower lumbar region and decreased range of motion in all directions. A herniated nucleus pulposus L4-5 was diagnosed. A lumbar epidural steroid injection was recommended and performed on 07/16/10.

A 07/27/10 follow up physician record noted the claimant with continued low back pain with radiation the right leg. The claimant reported no relief in the low back and increased pain and

symptoms in the right lower extremity after the lumbar injection. The record indicated that the claimant remained symptomatic despite non-operative treatment. A lumbar laminectomy and microdiscectomy L4-5 was recommended.

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

The proposed laminectomy and microdiscectomy L4-5 is medically necessary and appropriate based on review of the records provided in this case. If one looks to the ODG Guidelines indications for discectomy and laminectomy, there should be symptoms and findings to confirm the presence of radiculopathy. In this case there is concern over L5 nerve root compression and there is unilateral hip, thigh and knee pain. Imaging studies should demonstrate concordance between radicular findings and physical examination findings. In this case there is weakness throughout the entire right lower extremity and pain radiating past the knee. The MRI has demonstrated a 9 millimeter ruptured L4-5 disc with central canal stenosis and compression against the exiting nerve roots at L5 right greater than left. Per guidelines, conservative treatments should have been performed including activity modification greater than two months, which has been performed in this case; and drug therapy requiring at least one of the following anti-inflammatories, muscle relaxants or epidural corticosteroid injections; in this case the claimant has been treated appropriately with an epidural steroid injection, Motrin, and Robaxin. Lastly and also per guidelines, the claimant should have undergone support provided referral including physical therapy, manual therapy, psychological screening. In this case the claimant attended physical therapy. In this case as the claimant has failed appropriate conservative treatment and has a clearly a herniated disc by MRI and continues to have radicular leg pain, lumbar laminectomy, microdiscectomy L4-5 will be medically necessary and appropriate based on the ODG Guidelines.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates. Low back: Discectomy/ laminectomy

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)