

SENT VIA EMAIL OR FAX ON
Aug/15/2011

Pure Resolutions Inc.

An Independent Review Organization
990 Hwy 287 N. Ste. 106 PMB 133
Mansfield, TX 76063
Phone: (817) 349-6420
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
L4-S1 Laminectomy

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD board certified neurosurgery

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

1. Cover sheet and working documents
2. Clinical records Dr.
3. MRI lumbar spine 01/12/11
4. Clinical records Dr.
5. Procedure reports
6. Utilization review determination 07/05/11
7. Utilization review determination 07/19/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries to his low back on xx/xx/xx. He's working on a and reportedly sustained a fall. Records indicate that the claimant has been treated with oral medications TENS unit physical therapy chiropractic treatments and interventional procedures including epidural steroid injections on the right at L4 L5 and S1 which provided no relief. The records indicate that the claimant's current

medications include a muscle relaxant Ambien Lyrica and Percocet. He has no previous surgical history. On physical examination dated 06/23/11 the claimant is noted to be six feet tall weigh 310 pounds. He ambulates with the use of a cane. He has moderate tenderness in the lumbar paraspinal musculature. Motor strength in the ankle and foot is reported to be 4+/5 bilaterally. There's hypoesthesia in the right L4 L5 and S1 distribution. Deep tendon reflexes are 1+ and symmetric. MRI of the lumbar spine dated 01/12/11 indicates a mild generalized disc bulge at L3-4 with minimal facet arthropathy and ligamentum flavum thickening with minimal central canal stenosis and neural foraminal narrowing. At L4-5 there's a mild generalized disc bulge with mild facet arthropathy and ligamentum flavum thickening with mild prominence of the epidural fat. Findings contribute to mild to moderate central lateral recess and neural foraminal narrowing without visualizing transiting or exiting nerve contact. At L5-S1 there's a mild generalized disc bulge with more prominent central posterior component with mild to moderate facet arthropathy and ligamentum flavum thickening. There's a moderate amount of epidural fat at this level. Findings contribute to moderate central canal and left lateral recess narrowing with moderate to severe right lateral recess narrowing and slight displacement of the transiting right S1 nerve root. There's mild to moderate foraminal narrowing without exiting nerve root compromise. A subsequent request was placed for decompression from L4 through S1. The initial review was performed on 07/05/11. Dr. notes that the claimant is six and a half years post injury, epidural lipomatosis which is causing severe neural caudal compression in the lateral recesses and that this would not be work related. Per MRI report there was no nerve root entrapment at any level and therefore the necessity for two level laminectomy. He therefore opines that the necessity for a two level laminectomy for a 2004 work incident requires further evaluation a subsequent appeal request.

A subsequent appeal request was submitted on 07/19/11 reviewed by Dr. who again notes that MRI indicates prominence of epidural fat at L4-5 and L5-S1 with slight displacement of the right S1 nerve root. He notes that there are symptoms of pain referable to the right lower extremity and there is documentation of weakness with dorsiflexion in the left lower extremity. Clinical records report that prescription medication usage provided significant reduction of pain symptoms. Dr. subsequently finds that there's insufficient clinical information to or Dr. subsequently notes that there's a lack of congruence with respect to the MRI and presented symptoms on physical examination finding. As such he opines that the request is not medically necessary.

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

The request for decompression from L4 through S1 is not supported by the submitted clinical information. The available medical records indicate that the claimant sustained a fall six and a half years ago. He subsequently is noted to be morbidly obese he continues to have low back pain with complaints of pain radiating into the right lower extremity with some noted compression of the or contact with some noted contact of the exiting right S1 nerve root. Records indicate that the claimant has undergone extensive conservative treatment. However there is a lack of correlation between imaging and the requested surgical procedure. There may be a case for performing decompression at the L5-S1 level. However the remaining levels are not wholly supported. Further given the claimant's physical examination it would be prudent to perform EMG/NCV to isolate a clear level or levels of pathology. Based upon the submitted clinical records the request for L4 through S1 decompression or L4 through S1 laminectomy is not supported as medically necessary and therefore the previous utilization review determinations are upheld.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES