

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Decompression and Laminectomy at the level of L4-5 and L5-S1 with Foraminotomy

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

MD, Board Certified Neurosurgeon

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 Guidelines and Treatment Guidelines
Request for IRO dated 11/06/11
Utilization review determination dated 10/05/11
Utilization review determination dated 08/31/11
Letter of appeal dated 10/27/11
Operative report dated 08/04/11
MRI lumbar spine dated 03/21/11
Clinic note dated 05/04/11, unsigned
Utilization review referral form dated 05/24/11
Clinic note Dr. dated 08/18/1

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. He is reported to have developed low back pain while at work while hammering. He was referred for MRI. Per clinic note dated 05/04/11 he is noted to have tenderness with muscle spasm. MRI is reported to have revealed disc protrusions at L2-3, L3-4, and L4-5. He was referred for physical therapy. The record contains an MRI dated 03/21/11. This study notes no evidence of acute lumbar spine abnormality. There are multilevel degenerative changes throughout the lumbar spine with central canal stenosis most pronounced at L4-5 secondary to broad based disc protrusion. There is small central disc protrusion at L5-S1 with associated annular fissures resulting in mild central canal stenosis. There is far right lateral disc protrusion at L3-4 with associated hypertrophic changes resulting in moderate right sided

neural foraminal narrowing compressing the exiting right L3 nerve root. There is a broad based disc protrusion at L2-3 resulting in mild central canal stenosis and lateral recess narrowing compressing the descending nerve roots. On 08/04/11 the claimant underwent a caudal epidural steroid injection performed by Dr.. The claimant was seen in follow-up by Dr. on 08/18/11. He is noted to have complaints of low back pain. It is reported pain management was attempted. He continues to have pain in his back that radiates down his left leg all the way to his foot and intermittent pain in right lower extremity. He complains of numbness to left foot and also limps with his left leg. He is noted to have lumbar strain on spinal stenosis at two levels at L4-5 and L5-S1 more on left than the right. His current medications include Vicodin 5/500.

No physical examination is documented. Decompression and lumbar laminectomy at L4-5 and L5-S1 with foraminotomy has been recommended.

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

The records provide limited data and insight into conservative treatment of this patient. The record contained an unsigned note dated 05/04/11, which reports the claimant sustained an injury as result of hammering. He has undergone MRI, which indicates multilevel degenerative changes with stenosis at L4-5 and L5-S1 levels. He has undergone a single caudal epidural steroid injection with no apparent relief. The records as submitted for review do not contain a detailed physical examination from treating surgeon to correlate with imaging studies, nor do the submitted clinical records include any supporting documentation to establish failure of conservative treatment. The reviewer finds no medical necessity for Lumbar Decompression and Laminectomy at the level of L4-5 and L5-S1 with Foraminotomy.

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)