

I-Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Laminectomy, L5-S1

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

M.D., Board Certified Orthopedic surgery

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

Official Disability Guidelines and Treatment Guidelines

Preauthorization determination 10/04/11

Preauthorization determination 10/26/11

Preauthorization request 09/29/11

Orthopedic consult and orthopedic reports Dr. 05/17/10-09/23/11

Manuel muscle testing and range of motion 07/21/11

MRI lumbar spine 12/15/10 and 08/04/09

BHI-II 06/16/10

CT myelogram lumbar spine 09/18/09

X-rays lumbar spine including flexion / extension views 08/20/09

Operative report limited right L5 hemilaminotomy medical facetectomy and microdiscectomy 10/05/09

Epidural steroid injections transforaminal 08/31/09

Reference material regarding microsurgical annular reconstruction (annuloplasty following lumbar discectomy), undated

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured on xx/xx/xx. He works as and was picking up a truck part when he noticed sudden onset of pain and discomfort to the low back radiating into right lower extremity. After undergoing a course of conservative treatment including physical therapy and lumbar epidural steroid injection, the claimant underwent lumbar laminectomy and microdiscectomy at L5-S1 on 10/05/09. He participated in postoperative physical therapy without relief. He felt about the same before surgery as he does after surgery. He complains of constant pain in the low back area radiating down the right lower extremity. Repeat MRI of lumbar spine performed 12/15/10 revealed postoperative changes at L5-S1.

There is evidence of disc pathology at T11-12, L4-5 and L5-S1 with postoperative change associated enhancing epidural fibrosis especially on right at L5-S1 level. There also is disc degeneration without additional finding at T12-L1 level. Disc dehydration is seen at L3-4 level without additional findings at that level. Orthopedic progress reports indicate the claimant continued to complain of left lower extremity pain, weakness and numbness. There was diminished sensation along the right S1 distribution with positive straight leg raise but motor strength appeared intact. The claimant was seen in follow-up on 09/23/11 with complaints of 9/10 lumbar pain and burning sensation going down left lower extremity. There was lumbar tenderness with painful decreased lumbar range of motion. Lower extremity motor strength and sensation were intact. Reflexes were symmetric. Lumbar discogram was denied as result of contested case hearing. Imaging was noted to demonstrate disc herniation at L5-S1, foraminal stenosis.

Flexion / extension views showed no evidence of instability. Previous lumbar laminectomy on 10/05/09 helped with radicular symptoms but did not help with mechanical back pain or neurogenic claudication. Lumbar laminectomy without discectomy was recommended to address neurogenic claudication.

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

The claimant sustained lifting injury to low back on xx/xx/xx resulting in low back pain radiating to right lower extremity. After failing to improve with course of conservative treatment, the claimant underwent lumbar laminectomy and microdiscectomy at L5-S1 level performed 10/05/09. He failed to improve following surgery and postoperative physical therapy. MRI on 12/15/10 revealed postoperative changes and associated enhancing epidural fibrosis especially on the right at L5-S1 level. There was no clear evidence of nerve root compression and no evidence of significant stenosis. There was no clear evidence of neurogenic claudication, and there were conflicting findings regarding the claimant's neurologic examination. The ODG criteria are not satisfied. The reviewer finds there is not a medical necessity for Lumbar Laminectomy, L5-S1.

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)