

SENT VIA EMAIL OR FAX ON  
Jul/28/2011

## **P-IRO Inc.**

An Independent Review Organization  
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### **NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:**  
Jul/28/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
O/P Lumbar Diskectomy / Laminectomy L4-L5-S1

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

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate he was on an uneven surface when his left foot slipped and he has been having pain since. The injured employee describes pain in the low back radiating to the left lower extremity. MRI dated 05/16/11 revealed L4-5 5mm central left paracentral disc herniation impressing the thecal sac and exiting nerve root. At L5-S1 there is a 1mm disc bulge with bilateral facet arthropathy noted. Physical examination on 05/24/11 reported all cranial

nerves are normal, tone is normal, power is grossly intact, sensation is decreased on L4-5 to the left leg with decreased left ankle jerk, wasting of the left leg and straight leg raise 80 degrees on the right and 60 degrees on the right (sic). The injured employee was seen in follow up on 06/07/11 with complaints of low back pain radiating to the left leg, with burning, numbness and tingling of the left leg. It was noted the injured employee was very symptomatic and not improving and recommendation was to consider undergoing lumbar discectomy L4-5 and lumbar laminectomy L4-L5-S1.

A request for O/P lumbar discectomy/laminectomy L4-L5-S1 was reviewed on 06/16/11 and determined to be non-certified as medically necessary. It was noted that MRI reveals disc herniation at L4-5 on the left. Office note from Dr. dated 05/16/11 states reflexes are equal and straight leg raise causes no pain. MRI does not reveal any abnormality at L5-S1 and the request does not meet guideline criteria and should not be certified.

A reconsideration/appeal request for O/P lumbar discectomy/laminectomy L4-L5-S1 was reviewed on 07/13/11 and again non-certified as medically necessary. IT was noted that in the medical report dated 06/28/11 the injured employee presents with low back pain radiating to both legs. On physical examination he has left leg radiculopathy that is very painful, with limited back movement in all directions and a very tender left side of the lumbar spine. MRI was noted to show at L4-5 a 5mm central left paracentral disc herniation impressing the thecal sac and exiting nerve root. At L5-S1 there is a 1mm disc bulge. Bilateral facet arthropathy is noted. Treatment was noted to include medications and physical therapy. However there was no clear documentation of associated clinical findings such as loss of relevant reflexes, muscle weakness and/or atrophy of appropriate muscle groups, loss of sensation in the corresponding dermatomes and imaging studies showing nerve root pathology at L5-S1 level therefore medical necessity of the request is not substantiated.

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

Based on the clinical information provided, medical necessity is not established for the proposed outpatient lumbar discectomy/laminectomy L4-L5-S1. The injured employee is noted to have sustained an injury to the low back on xx/xx/xx. He complains of low back pain radiating to the left lower extremity. MRI performed on 05/16/11 revealed a 5mm central left paracentral disc herniation impressing the thecal sac and exiting nerve root. At L5-S1 there is a 1mm disc bulge and bilateral facet arthropathy noted. On examination dated 05/24/11 motor strength was normal, with decreased sensation in L4-5 to the left leg left ankle jerk was decreased. However, most recent exam dated 06/28/11 reported no evidence of motor, sensory or reflex changes. The injured employee is noted to have been treated with medications and physical therapy, but there is no indication that the injured employee had a trail of epidural steroid injection. While surgical intervention may be indicated at the L4-5 level, there is no medical necessity for surgery at the L5-S1 level.

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

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**