



MedHealth Review, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: 7/21/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a laminectomy at L4/5 with 1 day length of stay. (63047, 63048, 38220 and 95920)

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of a laminectomy at L4/5 with 1 day length of stay. (63047, 63048, 38220 and 95920)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY (SUMMARY):

This approximately male was injured on xx/xx/xx in a workplace incident. Records indicate that the injured worker had failed non-operative treatment (medications, therapy and ESI) for left-sided painful sciatica with paresthesias. Exam findings include a weak left EHL muscle. The AP noted the ongoing diagnosis of a left L4-5 HNP with an indication for the proposed procedure. The 6/30/11 dated psychosocial clearance note (which the claimant 'passed'/was approved) detailed the lifting/carrying injury mechanism of x/x/xx. It also denoted the MRI (for lumbar pain and left sciatica) dated 4/11 that reflected a protrusion an annular tear at L4-5, "focal significant impingement upon both L5 nerve roots in the lateral recess bilaterally", along with a bulge at L5-S1, with facet hypertrophy. The 3/23/11 dated electrical study denoted chronic moderate L3-4 radiculopathy. L4-S1 radiculopathy could not be ruled out. The impression was consistent with polyneuropathy of diabetes (which the AP disagreed with regarding his patient's condition of HNP with sciatica.) Denial letters were reviewed, noting (at the time of initial denial) the inadequate documentation of non-operative treatment, treatment for diabetes and psychological screening. Additional information included the 4/6/11 dated MRI description of moderate lateral recess encroachment at both L4-5 and L5-S1, with mild spinal stenosis at L4-5. The 4/6/11 dated MRI lumbar spine was reviewed, with findings as noted above. Multiple physical therapy records from 1/11 were reviewed.

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

Having documented a trial and failure of a comprehensive non-operative treatment program, the claimant has an indication for the proposed surgical procedure. Consistent with applicable ODG criteria, the symptomatic nerve root impingement is reflected in the painful sciatica, weak EHL motor power, and MRI corroborated nerve encroachment at L4-5. L5 radiculopathy is evidenced in this record, and, correlates with the ODG criteria. Guidelines support the proposed procedures, including an overnight stay for pain control, based on the failure of the now documented conservative treatment protocol.

The following are Indications for Surgery -- Discectomy/laminectomy --per ODG.Required symptoms/findings; imaging studies; & conservative treatments below: I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging. Findings require ONE of the following:

L5 nerve root compression, requiring ONE of the following:

1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
2. Mild-to-moderate foot/toe/dorsiflexor weakness
3. Unilateral hip/lateral thigh/knee pain

(EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)

II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:

- A. Nerve root compression (L3, L4, L5, or S1)
 - B. Lateral disc rupture
 - C. Lateral recess stenosis
- Diagnostic imaging modalities, requiring ONE of the following:
- 1. MR imaging
 - 2. CT scanning
 - 3. Myelography
 - 4. CT myelography & X-Ray
- III. Conservative Treatments, requiring ALL of the following:
- A. Activity modification (not bed rest) after patient education (\geq 2 months)
 - B. Drug therapy, requiring at least ONE of the following:
 - 1. NSAID drug therapy
 - 2. Other analgesic therapy
 - 3. Muscle relaxants
 - 4. Epidural Steroid Injection (ESI)
 - C. Support provider referral, requiring at least ONE of the following (in order of priority):
 - 1. Physical therapy (teach home exercise/stretching)
 - 2. Manual therapy (chiropractor or massage therapist)
 - 3. Psychological screening that could affect surgical outcome
 - 4. Back school (Fisher, 2004)

The records document that the above criteria are met. Therefore, the requested procedure is medically necessary at this time.

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

- ACOEM- AMERICAN 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)**