

SENT VIA EMAIL OR FAX ON
Jun/23/2011

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/23/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Laminectomy and Foraminotomy @ 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

OD Guidelines

1. Clinic records M.D. 07/10/09-05/27/11
2. Contested case hearing decision and order and related documents
3. Designated doctor evaluation D.O. 09/29/10
4. Notice of independent review decision 10/20/10 upholding denial of lumbar discography and CT scan
5. Post designated doctor required medical examination M.D. 07/16/10
6. Benefit review conference decision and order and related documents
7. Functional capacity evaluation 10/06/10
8. Adverse determination letter 05/18/11 regarding non-certification lumbar laminectomy and foraminotomy at L5-S1
9. Adverse determination letter non-certification reconsideration request lumbar laminectomy and foraminotomy at L5-S1
10. BHI-II interpretive report 09/23/09
11. MRI lumbar spine 08/20/08
12. Reference materials regarding annuloplasty following lumbar discectomy

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male employee whose date of injury is XX/XX/XX. Records indicate the patient was injured while riding a motorcycle when a vehicle turned into him causing a collision that threw him from his motorcycle onto the roadway. MRI of lumbar spine done on 08/20/08 revealed advanced degenerative changes at L5-S1 with bilateral foraminal narrowing noted and contact with exiting L5 nerve roots demonstrated. At L4-5 there was cranially dissected disc extrusion and contact with traversing left L5 nerve root. The injured employee was treated with physical therapy and lumbar epidural steroid injection x 2. Orthopedic report dated 05/09/11 noted that the injured employee continues to complain of

8/10 lumbar pain radiating into buttock and thighs. Impression was neurogenic claudication, bilateral L5 and collapse of L5-S1 disc. The patient was recommended to undergo lumbar decompression surgery.

Adverse determination letter dated 05/18/11 noted that request for lumbar laminectomy and foraminotomy at L5-S1 was non-certified as medically necessary. It was noted that the injured employee reported injury to neck and low back in motor vehicle accident. He has had physical therapy and two lumbar epidural steroid injections. EMG on 10/02/08 reported bilateral nerve root compression, bilateral L5 nerve root compression. MRI of lumbar spine on 08/20/08 reported degenerative changes at L5-S1 with narrowing and contact with L5 nerves with left central disc extrusion at L4-5 and left L4-5 nerve root contact. Examination on 05/09/11 noted lumbar tenderness, straight leg raise with back pain and some tingling in left L5 distribution. There was pain with range of motion and lumbar extension reduces some of the back pain. The reviewer discussed the case with Dr., and most recent MRI report was to be faxed. It was noted the claimant had subjective symptoms of low back pain radiating to buttocks and thighs. On 03/15/11 an office visit revealed complaints of low back pain radiating to the hips. Records reflect normal neurologic exams with equal reflexes and normal strength in lower extremities. There was no atrophy of lower extremities documented. As such, it was determined ODG guidelines would not recommend laminectomy to decompress the L5 and S1 nerve roots without objective evidence of compression, and at this time there were only subjective complaints that did not extend below the knee.

Adverse determination letter dated 06/08/11 noted that a reconsideration request for lumbar laminectomy and foraminotomy at L5-S1 was not certified as medically necessary. The review noted the claimant was almost X years post injury. It was noted that a CCH did not concur with the proposed discogram, and Dr. is now pursuing operative disc excision. Dr. reported collapse at L5-S1 with neurogenic claudication. It was noted that designated doctor has already placed the claimant at MMI. The reviewer further noted that the clinical lumbar diagnoses had been variable and inconsistent, and RME was recommended as essential before any surgery.

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

The clinical data submitted for review does not support a determination of medical necessity for lumbar laminectomy and foraminotomy at L5-S1. Records reflect the injured employee was injured secondary to motor vehicle accident while riding a motorcycle as an escort for oversized load. The injured employee has history of ACDF performed on 08/25/10 with significant improvement of neck pain and radicular symptoms. MRI of lumbar spine from 08/20/08 revealed degenerative changes of lumbar spine with osteophyte formation at L4-5 and L5-S1. At L4-5 there is cranially dissecting disc extrusion within the central and left central region measuring approximately 4-5 mm in AP diameter by approximately 16 mm cranial caudal extent with likely contact of the traversing left L5 nerve. At L5-S1 there is marked disc space narrowing demonstrated with disc desiccation and probable vacuum phenomenon. Disc space is narrowed to approximately 5 mm in height. Circumferential disc bulge is approximately 5 mm demonstrated. The neural foramina were narrowed and contact of exiting L5 nerves was demonstrated. The injured employee was treated conservatively with medications, activity modification, and epidural steroid injections without resolution. The patient had no evidence of motor or sensory deficits. The patient was reported to have neurogenic claudication with pain made worse by walking and relieved by sitting down. There is no more recent imaging study than the 08/20/08 MRI which is nearly 3 years old. There is a lack of correlation between imaging studies and physical examination.

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