

# MATUTECH, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW: MAY 13, 2011**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

O/P percutaneous disc decompression lumbar L5-S1 with fluro guided IV sedation  
62887, 77003.26, 99144

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

The physician reviewer is duly licensed to practice medicine in the state of Texas. The reviewer is fellowship trained in pain management and board certified in anesthesiology with certificate of added qualifications in pain medicine. The physician reviewer has over 23 years of active and current practice in the specialty of pain management.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained an injury to his lower back on xx/xx/xx, while working.

Two days later, x-rays of the lumbar spine was performed which was negative. Magnetic resonance imaging (MRI) of the lumbar spine revealed multilevel disc desiccation indicating intervertebral disc degeneration with disc displacements at L4-L5, very small bulge with very mild left foraminal narrowing at L3-L4 and L5-S1.

M.D., evaluated the patient for transvertebral low back pain and lumbar radicular syndrome, left greater than right, to the level of the mid thigh. He was utilizing hydrocodone and cyclobenzaprine. Examination revealed diffuse tenderness in the left paraspinous musculature at approximately L3, L4 and L5; increased back pain with straight leg raise (SLR) on the right to 70 degrees. SLR test on the left reproduced lumbar radicular syndrome to the level of the mid thigh at approximately 50 degrees. Dr. diagnosed multilevel spondylosis of the lumbar spine with foraminal impingement at L3-L4 and L5-S1 producing left lumbar radicular syndrome. He prescribed Norco, Ultram ER, Celebrex and amitriptyline and performed lumbar transforaminal epidural steroid injection (ESI) x2.

Electromyography/nerve conduction velocity (EMG/NCV) of the lower extremities revealed S1 radiculopathy on the left. The patient was therefore referred for surgical evaluation. The second ESI gave about 80% relief to the patient.

In January 2009, the patient returned to work but his pain became more severe. Dr. treated him with amitriptyline HCl, hydrocodone/acetaminophen, cyclobenzaprine HCl and tramadol HCl and recommended a facet nerve block.

MRI of the lumbar spine revealed mild dehydration or desiccation of the L5-S1 intervertebral disc due to early degenerative disc disease (DDD).

On follow-up, Dr. noted that the patient's pain levels had increased to 9/10. He had significant weight loss. Dr. diagnosed lumbar radiculitis and lower back syndrome and ordered a lumbar discogram that was denied x2.

In February, Dr. noted that the patient was status quo and recommended sending him back to light duty work.

A periodical patient intake questionnaire was obtained in which the patient was noted to have poor sleep, was anxious and depressed, working part time, having weight loss and using his medications.

Dr. requested an outpatient percutaneous disc decompression of the lumbar spine at L5-S1.

In March 24, 2011, M.D., denied the request with the following rationale: *"The patient is a male who was injured on xx/xx/xx. Per the medical report dated March 18, 2011, the patient complained of lumbar spine. The physical examination reveals positive SLR to 80 degrees on the left; however, there is no documentation of a more comprehensive physical examination finding of the lumbar spine. Also there is no imaging study submitted for review. Additionally, there is no documentation provided with regard to failure of the patient to respond to conservative measure such as evidence-based exercise program and medications*

*prior to the proposed procedure. Further, the clinical information did not provide objective documentation of the patient's clinical and functional response from the previous ESIs that includes sustained pain relief, increased performance in activities of daily living and reduction in medication use. Moreover, there is no consistent evidence-based support for percutaneous disc decompression of the lumbar spine. As such, certification for the request is not established."*

On April 19, 2011, the appeal put forward by Dr. was denied by M.D., with the following rationale: *"Upon review of the report, there is still no recent comprehensive physical examination finding of the lumbar spine. Physical therapy (PT) apparently exacerbated the patient's problem; however; there are no therapy progress reports that objectively document the clinical and functional response of the patient from the previously rendered sessions and to validate that the patient has had sufficient number of therapy as well as optimized pharmacological treatment. Further, the clinical information still did not provide objective documentation of the patient's clinical and functional response from the previous ESI that includes sustained pain relief, increased performance in the activities of daily living and reduction in medication use. Moreover, there is no consistent evidence-based support for percutaneous disc decompression of the lumbar spine. As such, certification for the request is not established."*

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

**AND FOREMOST, THERE IS NO SUPPORT IN ODG GUIDELINES FOR PERFORMING THE REQUESTED PROCEDURE. IN FACT, ODG GUIDELINES SPECIFICALLY STATE THAT THIS PROCEDURE IS "NOT RECOMMENDED". ADDITIONALLY, ACCORDING THE MRI REPORT ON JULY 14, 2010, THERE IS NO EVIDENCE OF DISC HERNIATION NOR, FOR THAT MATTER, DISC BULGE OR DISC PROTRUSION, AT THE L5-S1 LEVEL THAT WOULD OTHERWISE NECESSITATE DECOMPRESSION. QUITE SIMPLY, THERE IS NO MEDICAL REASON, NECESSITY OR INDICATION FOR PERFORMING DECOMPRESSION WHEN NO COMPRESSION EXISTS, AS IS THE CASE WITH THIS CLAIMANT. ADDITIONALLY, ON OCTOBER 1, 2009, ELECTRODIAGNOSTIC STUDIES WERE PERFORMED DEMONSTRATING ONLY "MILDLY ABNORMAL EMG STUDY" INDICATING "PRIMARILY IRRITABILITY" AS OPPOSED TO TRUE RADICULOPATHY. THEREFORE, PER ODG TREATMENT GUIDELINES, AND IN LIGHT OF THERE BEING NO EVIDENCE OF DISC HERNATION, NERVE ROOT COMPRESSION OR OF RADICULOPATHY, THERE IS NO MEDICAL REASON, NECESSITY OR INDICATION FOR THE REQUESTED PERCUTANEOUS L5-S1 DISC DECOMPRESSION. THE RECOMMENDATIONS FROM THE PREVIOUS TWO PHYSICIAN ADVISORS FOR NON-AUTHORIZATION ARE, THEREFORE, UPHELD.**

**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**