



**Notice of Independent Review Decision
IRO REVIEWER REPORT – WC NETWORK**

DATE OF REVIEW: 05/19/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient Removal of Spinal Lamina @ L4-L5 B/L 63047

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

Board Certified in Orthopaedic Surgery
Certified in Evaluation of Disability and Impairment Rating -
American Academy of Disability Evaluating Physicians

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Outpatient Removal of Spinal Lamina at L4-L5 Bilaterally, 63047 – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a right-handed woman with the complaint of shooting and tingling pain in her lower back. Her pain began when she was. Originally, “She denies having any leg pain, numbness, tingling or weakness, but after she underwent a caudal epidural steroid injection at L5-S1 this significantly improved her symptoms of pain into the lower extremities”. On 01/27/11, Dr. again stated, “She denies having any radiating pain into her arms or legs”. The MRI of the lumbar spine dated 01/27/11 demonstrated L4-L5 mild narrowing and desiccation with moderate broad-based protrusion of the disc with high-intensity zone that produces mild/moderate stenosis with compression of the neural foramina and lateral canals bilaterally at L4-L5. On 02/08/2011, there was electrodiagnostic evidence of a left L5 radiculopathy with signs of active denervation on needle examination, but the EMG report only shows a 1 + fibrillations and no positive sharp waves in left anterior tibialis and the short head of the biceps femoris. Dr. notes on 03/16/2011 that “her main problem is the left leg”. “Her back pain equals her leg pain. The right leg pain goes down to the right anterior thigh proximally, but not below that. The left leg pain

goes posteriorly to the calf.” No objective neurologic findings were documented.

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

Therefore, in accordance with ODG requirements and based on minimal findings from the EMG and MRI, a normal neurological examination, and symptoms of increased pain with sitting (rather than being relieved), the medical records do not support bilateral laminectomy at L4-L5.

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)
- AMA 5TH EDITION