

SENT VIA EMAIL OR FAX ON
May/19/2011

Pure Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/17/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient LOS 1 Lami/Disc L3/4

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

MD 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. Surgery scheduling slip/check list 03/16/11
2. Injured worker information form 02/21/11
3. Patient profile form 02/28/11
4. Follow up office note and radiology report Dr. 03/16/11
5. MRI of the lumbar spine 01/26/11
6. Lumbar spine radiograph seven views 02/28/11
7. Office notes Dr. 01/20/11 and 01/27/11
8. Behavioral medicine evaluation Dr. 04/01/11
9. Insurance Company response regarding disputed services 05/05/11
10. Utilization review determination 04/08/11 regarding non-certification inpatient LOS one lami/disc L3-4
11. Utilization review determination regarding non-certification appeal request inpt LOS one lami/disc L3-4 04/25/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who sustained a lifting injury to the low back on xx/xx/xx. MRI of the lumbar spine on 01/26/11 revealed a large extruded disc fragment from left paracentral disc protrusion/herniation at L2-3 extending inferiorly along the posterior margin of L3. Mild disc bulges were noted from L1 down to S1. A left paracentral cystic mass was

noted along the posterior margin of L3, the appearance and signal of which believed most characteristic from nerve root sheath cyst causing moderate left paracentral impression upon the dural sac along the posterior margin of L3. The cyst appears to originate off the left exiting L3 nerve root and extends superiorly along the posterior margin of L3. Differential considerations would include a large extruded disc fragment from left paracentral disc protrusion/herniation at L2-3 extending inferiorly along the posterior margin of L3. Radiographs of the lumbar spine on 02/28/11 reported moderately advanced upper and lower lumbar spondylosis with a hyperlordotic lumbosacral angulation. There was no significant change in alignment or instability noted with weight bearing flexion and extension views. Mild to moderate narrowing of the right and left neural foramina at L4-5 and L5-S1 were noted due to posterior endplate and facet arthritic changes.

A request for one day inpatient hospital stay and laminectomy/discectomy to L3-4 was reviewed on 04/08/11 and non-certified as medically necessary. The review noted that medical report dated 03/16/11 reported the injured employee to complain of low back pain with lower extremity weakness and sensory loss. Pertinent physical examination showed the injured employee could stand on his toes and heels without difficulty. Muscle testing of the left lower extremity was 4/5 upon leg extension. There was decreased sensation in the L4 dermatome. Slightly positive straight leg raise on the left side was elicited. However there was no objective documentation that the injured employee had undergone and failed on exercises, corticosteroid injection trial, physical therapy or activity modification as part of preliminary conservative measures. As such the requested surgical procedure and request for one day inpatient length of stay were not certified.

An appeal request for inpatient stay of one day and L3-4 laminectomy discectomy was reviewed on 04/25/11 and was non-certified as medically necessary. The review noted that objective documentation that the injured employee had received, exhausted and failed conservative treatment (physical therapy progress notes, pain logs, activity modification and injection response) was not noted in the records submitted. As such medical necessity of the request for inpatient laminectomy discectomy L3-4 and one day length of stay was not established.

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

The clinical information submitted for review does not establish medical necessity for the proposed L3-4 lumbar laminectomy/discectomy with one day inpatient length of stay. Records indicate the injured employee sustained a lifting injury to the low back and complains of low back pain with lower extremity pain and weakness and sensory loss. Physical examination on 03/16/11 reported the injured employee to be six feet tall and 275 pounds. Gait pattern was normal. He was able to stand on toes and heels without difficulty. Strength testing showed 4/5 weakness with leg extension on the left compared to the right. There was decreased sensation in the L4 dermatome. He had a slightly positive straight leg raise on the left side and negative on the right side. Otherwise examination was normal. MRI scan dated 01/26/11 reported a left paracentral cystic mass along the posterior margin of L3 with differential considerations including a large extruded disc fragment from left paracentral disc protrusion/herniation at L2-3 extending inferiorly along the posterior margin of L3. The injured employee was given a prescription for Medrol DosePak and Celebrex. The documentation presented did not include evidence that the injured employee had had an appropriate course of conservative treatment to include activity modification, physical therapy/home exercise program, or epidural steroid injections. Per Official Disability Guidelines, indications for discectomy/laminectomy include findings which confirm the presence of radiculopathy including straight leg raise test, unilateral weakness and objective findings on imaging of a nerve root compression, lateral disc rupture or lateral recess stenosis. There should be documentation of conservative treatment including all of the following activity modification, drug therapy, and physical therapy. There is no indication that the injured employee has had conservative care other than medications. As such surgical intervention is not supported as medically necessary at this time.

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