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Notice of Independent Review Decision
Notice of Independent Medical Review Decision
Reviewer's Report

DATE OF REVIEW: May 16, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Posterior L4-S1 decompression, lumbar spine (63047 and 63048).

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

M.D., Board Certified in Orthopedic Surgery.

REVIEW OUTCOME

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

Upheld (Agree)

Overtaken (Disagree)

Partially Overtaken (Agree in part/Disagree in part)

The requested service, posterior L4-S1 decompression, lumbar spine (63047 and 63048), is not medically necessary for the patient.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who has requested authorization for posterior L4-S1 decompression, lumbar spine (63047 and 63048). A review of the record indicates the patient sustained a work related injury on xx/xx/xx when he slipped and fell on some ice. The patient reported the pain radiated into his left buttock, both into his posterior and anterior thigh and into his calf. The patient also reported numbness, tingling and weakness. On 3/15/11, the patient presented to the hospital unable to walk. The provider indicated that an EMG nerve conduction study showed a radiculopathy. The provider also noted that an MRI showed foraminal stenosis at left L4-5 and the presence of a nodular lesion. On that date, the provider's impression was acute lumbar radiculitis. A series of L4-5 transforaminal epidural steroid injections was recommended as well as continuation of physical therapy. On 3/22/11, the provider noted the epidural steroid injection did not help much and the patient was still experiencing numbness down his leg as well as weakness and extreme pain. The provider indicated straight leg raise test was positive on the left and gait was antalgic. The patient consulted a surgeon that same day who indicated that an MRI reviewed from the hospital showed lumbar spinal stenosis at L4-5 and L5-S1. Posterior L4-S1 decompression of the lumbar spine (63047 and 63048) was recommended.

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

Based on the clinical information provided for review, the medical necessity of the requested service is not established, as the patient does not meet criteria outlined in the Official Disability Guidelines (ODG) for the procedure. Foraminal stenosis at L4-5 would imply that the existing left L3 nerve root would be affected. However, there is no indication that this is the problem area. The finding at L5-S1 on the right is incidental. The radiology report dated 2/6/11 indicates diffuse narrowing of a congenital basis with no further narrowing at L4 and L5-S1 from the baseline. Based on the lack of significant findings documented on the patient's imaging results, posterior L4-S1 decompression is not medically necessary for this patient.

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)