

SENT VIA EMAIL OR FAX ON
Nov/28/2011

Applied Resolutions LLC

An Independent Review Organization
900 N. Walnut Creek Suite 100 PMB 290
Mansfield, TX 76063
Phone: (214) 329-9005
Fax: (512) 853-4329
Email: manager@applied-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Laminectomy at Bilateral L3-S1; Additional Levels X 3

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

Orthopedic spine surgeon, practicing neurosurgeon

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

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained an injury on xx/xx/xx lifting a heavy pallet. She felt and heard a pop in her lower back. She complains of low back pain radiating to the bilateral lower extremities. The claimant was treated conservatively with medications, physical therapy, epidural steroid injections, and selective nerve root blocks. MRI of the lumbar spine performed 03/26/10 revealed 2 mm central disc protrusions at L1-2, L2-3 and L3-4 with mild impingement of the thecal sac. At L4-5 there is a 4 mm posterior central disc protrusion which moderately effaces the thecal sac and moderately narrows both lateral recesses. At L5-S1 there is a 4 mm posterior disc protrusion which mildly impinges upon the thecal sac and both the S1 nerve roots. There is also moderate narrowing of both lateral recesses. There is mild disc desiccation at L3-4, L4-5 and L5-S1. Full thickness radial tears are noted at L4-5 and L5-S1 with partial thickness tear in the posterior fibers at L3-4. Electrodiagnostic testing performed 02/28/11 reported active right L5 and S1 nerve root denervation process (ongoing right L5 and S1 radiculopathy). CT myelogram on 07/20/11 revealed findings consistent with previous MRI scan. The claimant was seen by on 09/09/11 with complaints of low back pain which she feels is not improving. The pain is associated with left and right leg pain, and is made worse by sitting, standing, and walking. Physical examination reported 4/5 weakness in the bilateral anterior tibialis, EHL and gastrocnemius. Sensation was decreased in the bilateral L4, L5 and S1 dermatome. Reflexes were 2+ at the bilateral knees and 1+ at the bilateral ankles. There was no clonus. Babinski was negative. Straight leg raise was positive bilaterally. The claimant was recommended to undergo laminectomy L3-S1.

Per utilization review determination dated 10/03/11, the request for lumbar laminectomy bilateral L3-S1 with additional levels x 3 was not recommended as medically necessary. Following discussion of the case with, it was noted that the claimant has no significant recent changes in symptoms, but has changes in physical exams from office on 08/26/11 and 09/09/11. It was noted these sudden changes cannot be well explained on an anatomical basis. Prior to 08/28/11 physical examinations had shown normal lower extremity reflexes and normal strength. Exam on 08/28/11 changed from previous exams which were essentially normal, and the exam changes again on 09/09/11. It was noted that if physical examination reveals an objective abnormality the exam needs to be consistent over a period of time in order for surgery to be a reasonable option. It was noted that on multiple exams noted lower extremity strength intact, knee reflexes 2+ and ankle reflexes 1+ bilaterally. on multiple exams noted normal lower extremity reflexes. The request was recommended as non-certified because of multiple normal neurological examinations of the lower extremities prior to 08/26/11 that did not support the requested surgery. It was noted these were not serial examinations with abnormal neurologic findings.

A utilization review performed 10/17/11 recommended adverse determination of reconsideration request for lumbar laminectomy at bilateral L3-S1, additional levels x 3. The case was discussed with and no new information was noted. The claimant had a long period of normal neurological exam findings until diagnostic tests findings of myelogram CT scan in July 2011 and EMG/NCV. The reviewer inquired of as to what had changed to now result in neurologic exam findings, which he could not explain but still recommended surgery. The reviewer noted there was no basis to alter or amend the prior adverse determination.

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

Based on the clinical information provided, the request for lumbar laminectomy at bilateral L3-S1 levels, additional level x 3 is not indicated as medically necessary. The claimant is noted to have sustained a lifting injury to the low back on xx/xx/xx. She complains of low back pain radiating to the bilateral lower extremities. The claimant underwent an extensive period of conservative treatment including physical therapy, epidural steroid injections and facet/medial branch blocks. MRI of the lumbar spine performed on 03/26/10 revealed posterior central disc protrusions at L1-2, L2-3 and L3-4 with mild impingement of the thecal

sac. At L4-5 and L5-S1 there are 4 mm posterior central disc protrusions at both levels. At L4-5 there is moderate effacement of the thecal sac with moderate narrowing of both lateral recesses. At L5-S1 there is mild impingement of the thecal sac and both S1 nerve roots. There is also moderate narrowing of both lateral recesses at this level. Subsequent CT myelogram reported findings consistent with the MRI. There was electrodiagnostic evidence of right L5 and S1 radiculopathy. However, clinical exam findings were unremarkable prior to 08/26/11 at which time the patient was reported to demonstrate gastrocnemius weakness on the right with decreased sensation on the right L4, L5 and S1 levels. On subsequent examination performed 09/09/11 the claimant was reported to have bilateral sensory deficits at L4, L5 and S1 with bilateral weakness of the anterior tibialis, extensor hallucis and gastrocnemius. There is no rationale/explanation for this sudden change in physical examination. Given the current clinical data, medical necessity is not established for the proposed multilevel surgical procedure. As guidelines recommend, independent medical evaluation would be appropriate prior to further consideration of surgery for this patient.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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)