

Prime 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Discectomy @ L5-S1, Microsurgery Add-On, Needle Localization by X-ray, and Inpatient Hospitalization: 1 Day

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

M.D. 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

ODG-TWC Treatment Guidelines
Preauthorization review 09/23/11
Preauthorization review 10/13/11
AR Claim's Management Independent Review Organization Summary 11/04/11
Employer's first report of injury or illness xx/xx/xx
Notice of disputed issues and refusal to pay benefits 06/02/11, 09/02/11
Office visit notes Dr. 05/19/11-09/29/11
X-ray lumbosacral spine 5 views 05/19/11
Physical therapy evaluation and daily notes 05/24/11-07/06/11
Functional capacity evaluation 05/24/11, 07/05/11
Peer review Dr. 08/08/11, 09/29/11
MRI lumbar spine 08/10/11
Orthopedic consultation Dr. 09/12/11
Ultrasound retroperitoneal 08/19/11
X-ray hip unilateral 08/16/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained an injury to low back on xx/xx/xx when he was lifting a 70 lb case of meat and developed pain in low back. The claimant complains of low back pain with radiation into right leg. X-rays of lumbar spine revealed mild spondylosis of lumbar spine. MRI performed on 08/10/11 revealed multilevel degenerative changes in lumbar spine most prominent at L2-3, L4-5 and L5-S1. There is central and right paramedian shallow disc protrusion at L5-S1, which abuts but does not impinge passing right S1 nerve root. There is mild canal stenosis at L4-5 with mild bilateral foraminal encroachment. Right paramedian annular tear / fissure is present at posterior disc margin at this level. There is slight

circumferential canal stenosis at L2-3 with central annular tear / fissure of posterior disc margin and mild encroachment of each neural foramen. The claimant was treated conservatively with pain medications and physical therapy without improvement. Dr. saw the patient in orthopedic consultation on 09/12/11. Examination at that time revealed normal deep tendon reflexes at bilateral knees and ankles. There was no ankle clonus. Straight leg raise was negative on left and positive on right. There was tenderness over L5-S1 dermatome, generalized low back pain, tenderness over right SI joint, and tenderness over the sciatic notch right greater than left. There was decreased sensation in S1 dermatome on right and L5 on right. Sensation was intact in left lower extremity. Romberg test was negative. Babinski was negative.

The claimant was unable to toe walk on right. Left toe walk was normal, and heel walk was normal bilaterally. Dr. noted the claimant had been through extensive nonsurgical treatment, which had been unsuccessful in curing his condition, and the claimant was recommended to undergo L5-S1 discectomy.

A preauthorization request for L5-S1 lumbar discectomy was reviewed on 09/23/11 and the request was non-certified as medically necessary. It was noted that peer-to-peer discussion was completed with Dr.. The reviewer noted there was no objective evidence of S1 nerve root impingement, only subjective findings of decreased sensation and weakness, ankle reflex was reported as normal, and there was no calf atrophy noted. It was further noted that MRI noted central and right paramedian shallow protrusion at L5-S1 that abuts but does not impinge passing right S1 nerve root. It was determined the medical records do not support requested surgery and request does not meet guideline criteria.

A reconsideration / appeal request for lumbar discectomy at L5-S1 was reviewed on 10/13/11 at which time it was noted the claimant sustained a lifting injury to low back. Dr. provided nonoperative therapy, but the claimant continued to suffer low back pain. Clinical examination by Dr. on 09/12/11 notes bilateral lower extremity pain but not specifically radiculopathy. Straight leg raise was positive on right only. There was decreased sensation in L5 and S1 distribution. There was suggestion of weakness in right toe. MRI of lumbar spine on 08/10/11 revealed L3-S1 degenerative disc disease. At L5-S1 level there is no evidence of nerve embarrassment. There is slight right-sided protrusion. A peer review on 09/29/11 suggested it was unclear clinically where the claimant's pain may be originating from and was not clear it was all L5-S1 level. It was determined pursuant to presentation and recognized guidelines; the submitted request for surgery is neither necessary nor indicated at this time.

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

The claimant is noted to have sustained an injury to low back while lifting a heavy box of meat. X-rays of lumbar spine revealed only mild spondylosis. MRI of lumbar spine performed on 08/10/11 revealed multilevel degenerative changes, with central and right paramedian shallow protrusion at L5-S1, which abuts but does not impinge passing right S1 root. The claimant was treated conservatively with medications and physical therapy, but remained symptomatic. Examination on 09/12/11 revealed normal deep tendon reflexes in bilateral lower extremities, with no ankle clonus. Straight leg raise was reported to be positive on right, but there is no indication to what degree straight leg raise became positive, and if it was positive for low back only or including radiating pain to lower extremity. There was decreased sensation in the right L5 and S1 dermatome. The claimant was unable to toe walk on right. Per peer review, it was noted that it was unclear where the claimant's pain might be originating from, and it was unclear if it was all L5-S1 level. Therefore, it does not appear all pain generators have been identified. There is no indication the claimant has had trial of epidural steroid injection or selective nerve root block. Consequently, the reviewer finds no medical necessity for Lumbar Discectomy @ L5-S1, Microsurgery Add-On, Needle Localization by X-ray, and Inpatient Hospitalization: 1 Day.

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)