

SENT VIA EMAIL OR FAX ON
Sep/27/2011

Independent Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0311
Email: rm@independentresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OP Left Minimal Invasive L4-L5 Laminectomy Discectomy

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

OD Guidelines

Request for IRO 09/07/11

Request for IRO 09/08/11

Utilization review determination 07/20/11

Utilization review determination 08/29/11

MRI lumbar spine 07/05/11

Radiographic report lumbar spine 06/20/11

Clinical records Dr. 06/20/11, 06/29/11 and 08/29/11

MRI lumbar spine 09/09/09

Physical therapy treatment records

Procedure report lumbar transforaminal epidural steroid injection 02/03/11 and 04/04/11

Clinical records NP 06/03/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained a work related injury to his low back on xx/xx/xx. He is reported to have fallen in the work place. The records include an MRI of the lumbar spine performed on 07/31/09 this study notes a 4mm central disc bulge at L2-3 with no compromise of the nerve root the disc is desiccated and slightly decreased in height at L4-5 there's a 6-7mm central to left central disc herniation with mild to moderate impression on the anterior thecal sac with mild impression on the left L5 nerve root there's disc height loss and desiccation at L5-S1 there's a 3mm central bulge of the disc with no impression on the dura or the nerve roots. The records include a radiographic report dated

06/20/11 which included flexion extension views which shows no abnormal motion with evidence of mild degenerative disc disease at L4-5 L5-S1 a repeat MRI of the lumbar spine was performed on 07/05/11 there's disc desiccation noted at L2-3 and L3-4 with mild diffuse disc bulges at L2-3 and L4-5 with a mild impression on the anterior aspect of the thecal sac with mild degree of facet joint and ligamentum flavum hypertrophy at the L4-5 level with mild central spinal canal stenosis the submitted clinical records indicate that the claimant has received over 30 sessions of physical therapy as conservative treatment he is noted to have undergone a left L4-5 left L5 and bilateral L4 epidural steroid injection on 02/03/11 with a second injection performed on 04/04/11 the records indicate that the claimant did not achieve sustained relief with this.

The most recent clinical note is dated 08/29/11 the claimant is reported to have failed conservative treatment he's reported to have severe left leg pain in the left L5 distribution and denies any right lower extremity pain on physical examination the claimant is 5'11" tall weighs 300 pounds and has a BMI of 41.84 it's reported that sensory is diminished to pin prick to light touch in the left L5 distribution left EHL and dorsiflexion is reported to be 4/5 the left patellar reflex is reported to be 1+ left Achilles is absent it is reported that MRI dated 07/05/11 shows degenerative disc disease at L4-5 with a left sided disc herniation that results in neural foraminal stenosis the claimant is subsequently recommended to undergo minimally invasive surgery consisting of an L4-5 laminectomy and discectomy.

The initial review was performed by Dr. on 07/20/11 who non-certifies the request and notes that the medical records did not provide a detailed physical examination with special orthopedic testing he further notes that the medical records failed to document exhaustion of other recommended conservative treatments and the more recent MRI was not submitted for review a subsequent appeal request was reviewed on 08/29/11 by Dr. who non-certified the request he notes that per medical documentation dated 06/20/11 the claimant patient complains of low back pain and two episodes of right lower extremity pain he reports MRI showed an L4-5 showed a 6-7mm central to left disc herniation at L4-5 he notes that there is that the claimant has failed conservative treatment but there is no clear documentation of at least one symptom/finding to correlate and in the absence of this data the request was non-certified.

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

The request for minimally invasive outpatient left minimally invasive L4-5 laminectomy discectomy is certified as medically necessary and the previous utilization review determinations are overturned the submitted clinical records contain a clinical note dated 08/29/11 performed on the same date as the appeal review. This clinical note contains sufficient information indicating that the claimant has failed conservative care he continues to have left lower extremity with a sensory loss and motor strength weakness in the left L5 distribution which correlates with the claimant's imaging study the historical records clearly indicate that the claimant has failed conservative treatment it is therefore opined that the claimant meets Official Disability Guidelines criteria for the proposed service medical necessity was established.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES