

# Prime 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Oct/10/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

63030 Lumbar Decompression/Discectomy @ Bilateral L5-S1 and 99221 Inpatient Hospitalization: 1 Day

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

MD, Board Certified Orthopedic Surgeon and Spine Surgeon

**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  
Pre-authorization review 08/23/11  
Pre-authorization review appeal request 09/13/11  
Arkansas claims management independent review organization summary 09/26/11  
Employee's first report of injury or illness xx/xx/xxxx  
Notice of disputed issues and refusal to pay benefits AR claims management 07/28/09  
Associate statement/worker's compensation 03/11/09  
Worker's compensation, request for medical care 03/12/09  
Bonafide job offer 03/12/09 and 04/14/09  
urgent care center and medical clinic reports/progress notes 03/12/09 through 04/21/09  
Physical therapy SOAP notes 04/01/09 through 04/22/09  
Initial report and follow up reports, DC 04/24/09 through 05/06/11  
Office visit notes, MD 05/05/09 through 04/19/11  
MRI lumbar spine 05/14/09  
Medical records/peer review MD 06/29/09  
Functional capacity evaluation 09/02/09, 12/22/09, 06/23/10 and 07/15/10  
Work hardening assessment psychosocial history LPC 09/30/09  
Work conditioning progress notes 10/30/09 through 12/01/09  
Mental health evaluation 03/15/10  
Individual psychotherapy progress notes and interim report 03/23/10 through 04/15/10 MA  
LPC  
Designated doctor evaluation MD 07/22/10  
Designated doctor evaluation DO 08/04/10  
Initial office visit and progress evaluation MD 09/17/10 through 09/06/11  
Initial evaluation report MD 11/18/10  
Operative report right L5-S1 transforaminal epidural steroid injection 01/05/11  
Operative report left L5-S1 transforaminal epidural steroid injection 04/13/11

MRI lumbar spine 03/11/11  
Designated doctor evaluation MD 05/03/11

#### **PATIENT CLINICAL HISTORY SUMMARY**

The patient is a man who was injured at work on xx/xx/xxxx when he tried to prevent an AC unit from falling and twisted his lower back.

MRI of the lumbar spine dated 05/14/09 revealed mild disc desiccation at L5-S1 with right paracentral 4mm herniated nucleus pulposus creating compression on the right side of the thecal sac and effacement of the right S1 nerve root. Mild facet arthropathy also was seen. He complained of low back pain with occasional radiation of pain to the bilateral posterior calves and moreso to the right knee. He was treated conservatively with medication and 20 sessions of physical which helped. He also participated in a work hardening/work-conditioning program.

He continued to report high levels of pain and was recommended to undergo individual psychotherapy. Per report dated 04/15/10 he completed four individual therapy sessions but continued to report a high level of pain. It was noted he appeared to be an appropriate candidate for pain management program. Per designated doctor evaluation dated 07/07/10 it was determined the patient had failed conservative treatment modalities and should be referred to orthopedic spine or neurosurgeon for evaluation to determine if surgical intervention could be of benefit.

Dr. saw him for an initial office visit on 09/17/10. Dr. noted that he had saturated conservative care in the form of multiple sessions of physical therapy, trial of Medrol DosePak and oral pain medication. He recommended the patient to undergo right L5-S1 lumbar epidural steroid injection, which was performed on 01/05/11. The patient was seen in follow up on 01/25/11 and reported almost 40% pain relief following epidural steroid injection. It was noted that the patient has pain radiating to the right lower extremity only when he stretches his low back. Dr. recommended the patient finish sessions of physical therapy and MRI will be needed if pain levels persist.

Progress report dated 03/01/11 noted the patient's right leg pain has markedly resolved after injections to his low back. His main concern is left leg and low back pain. Dr. recommended repeat MRI to rule out pathology on the left side at L5-S1. MRI dated 03/11/11 reported central 4-5mm disc protrusion/herniation at L5-S1 with bilateral facet arthropathy creates flattening of the thecal sac with some bilateral S1 nerve root encroachment, greatest on the left. Left L5-S1 transforaminal epidural steroid injection was performed on 04/13/11. Follow up on 04/25/11 noted the patient states he is 50% better with better range of motion and decreased pain.

On 08/12/11 the patient reported that he could not drive due to his right leg pain and weakness. He had limitations in daily activities. He reported that his leg pain is worse than low back pain.

According to an FCE, the patient has the ability to perform work at a moderate level. He is 5'6" tall and 140 pounds. Dr. noted the patient has persistent pain radiating to the bilateral lower extremities despite all conservative care. On clinical examination he has documented radiculopathy with decreased deep tendon reflexes at bilateral S1 and in addition has a sensory deficit at the affected dermatomes.

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

The reviewer finds this request for 63030 Lumbar Decompression/Discectomy @ Bilateral L5-S1 and 99221 Inpatient Hospitalization: 1 Day is medically necessary. This man injured his low back when he tried to prevent a portable AC unit from falling from a conveyor belt. He complained of low back pain radiating to the bilateral lower extremities. MRI performed 05/14/09 revealed mild disc desiccation present at L5-S1 with a right paracentral 4mm herniated nucleus pulposus creating compression on the right side of the thecal sac and

effacement of the right S1 nerve root. Mild facet arthropathy also was seen. He has treated conservatively with medications and physical therapy without resolution of symptoms. He was referred to Dr. for further evaluation who recommended transforaminal epidural steroid injection on the right at L5-S1 which provided the claimant with approximately 40% pain relief. After right leg pain was reduced following ESI and post-injection PT, the patient reported that left leg pain had started bothering him, which radiates to the calves and ankle. Repeat MRI showed a 4-5 mm central disc protrusion / herniation at L5-S1 with bilateral facet arthropathy which creates flattening of the thecal sac with some bilateral S1 nerve root encroachment greatest on the left. The claimant then underwent left transforaminal epidural steroid injection at L5-S1, which provided 50% pain relief. Examination on 08/12/11 reported positive sitting straight leg raise bilaterally. Supine straight leg raise was positive on right at 45 degrees and on left at 55 degrees. The patient was unable to toe rise and walk bilaterally. Muscle strength was 5-/5 at bilateral EHL and 4/5 bilateral gastrocnemius. Deep tendon reflexes were 2+ at knees and 1+ at ankles. Noting that this patient has objective evidence of a central disc herniation at L5-S1 with bilateral facet arthropathy and bilateral S1 nerve root encroachment greatest on the left, and noting that physical examination findings are consistent with imaging studies, along with documented failure of conservative care, the proposed surgical procedure (63030 Lumbar Decompression/Discectomy @ Bilateral L5-S1 and 99221 Inpatient Hospitalization: 1 Day) is supported as medically necessary.

**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)