

# US Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/15/2011

**IRO CASE #:**

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

Lumbar laminectomy and microdiscectomy and one day length of stay

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

MD, Board Certified, Neurosurgery

**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**

Official Disability Guidelines-Treatment for Workers' Compensation

Notification of adverse determination 07/18/11 regarding non-certification lumbar laminectomy and microdiscectomy and one day length of stay

Notification of reconsideration determination 08/12/11 regarding non-certification appeal lumbar laminectomy and microdiscectomy and one day length of stay

History and physical 08/10/11

MRI lumbar spine 06/20/11

Office notes Dr. 05/31/11 through 08/01/11

New patient office note and establish patient notes Dr. 06/24/11, 07/20/11 and 09/01/11

Physical therapy initial evaluation 07/08/11

Radiographs lumbosacral spine two views 08/20/11

Operative report 08/03/11 regarding posterior lumbar decompression laminectomy L4, L5, S1 with posterior pedicle screw fixation and posterior lumbar interbody fusion

History and physical 08/02/11

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a male who was injured on xx/xx/xxxx secondary to lifting. He was treated conservatively with physical therapy with very minimal improvement, pain medications, and injections with no relief. MRI of the lumbar spine dated 06/20/11 revealed a large right paracentral L5-S1 herniation with S1 root impingement more pronounced on the right. There was moderate or modest canal stenosis. At L4-5 there is modest lateral recess stenosis more pronounced on the left with potential for impingement upon the left L5 nerve root. The injured employee was seen in consultation by Dr. on 06/24/11 with chief complaint of back and leg pain. Neurologic examination revealed no sensory abnormalities, and deep

tendon reflexes were normal. Musculoskeletal examination revealed gait and station were normal. Muscle bulk and tone were normal.

There was full strength individual muscle testing but the injured employee was noted to have a difficult time walking on toes on the left. Straight leg raise was positive on the left. It was noted that the injured employee has predominately left sided symptoms with occasional right sided symptoms as well. The injured employee is recommended to undergo laminectomy at L5-S1 with microdiscectomy, noting that he may require further surgery down the road and possibly even a fusion.

A pre-authorization request for lumbar laminectomy and microdiscectomy and one day inpatient stay was reviewed on 07/18/11 and non-certified as medically necessary. The rationale noted that medical records dated 06/30/11 showed persistent low back pain that radiated to the right and left leg with associated symptoms of numbness and cramps. Physical examination revealed tenderness at the intervertebral spaces with limited range of motion. There was positive straight leg raise test bilaterally. Conservative treatment included medication, physical therapy, epidural steroid injections and chiropractic manipulation. MRI of the lumbar spine 06/20/11 revealed large paracentral disc herniations at L5-S1, slightly eccentric to the right with modest canal stenosis. There was modest L4-5 lateral recess stenosis more on the left with potential impingement of left L5 root. However there was no clear documentation of the levels requested for the proposed surgery and subjective and objective findings consistent with radiculopathy at the requested levels including unilateral weakness/atrophy or unilateral pain which confirms the presence of radiculopathy with associated clinical findings such as loss of relevant reflexes, muscle weakness/atrophy of appropriate muscle groups, and/or loss of sensation in the corresponding dermatome. Accordingly medical necessity was not substantiated.

An appeal request for lumbar laminectomy and microdiscectomy with one day inpatient stay was reviewed on 08/12/11 and non-certified as medically necessary. It was noted that on physical examination there was tenderness at the intervertebral spaces with limited range of motion. Straight leg raise test was positive bilaterally. Lumbar spine MRI on 06/20/11 revealed large paracentral disc herniation at L5-S1, slight eccentric to the right with modest canal stenosis. modest L4-5 lateral recess stenosis more on the left with potential impingement of left L5 root also was noted. It was noted that the specific level for the surgical procedure was not stated. Records indicated that the injured employee has had physical therapy to address low back complaints. The pain medications given were included for review. However there was no objective documentation provided of the injured employee's clinical and functional response from the mentioned epidural steroid injection including sustained pain relief, increased performance in activities of daily living and reduction of medication use. It was further noted that the records did not indicate a pre-operative psychiatric evaluation had been performed. With this medical necessity of the requested appeal had not been fully established.

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

The injured employee sustained a lifting injury to the low back on xx/xx/xxxx. His condition was refractory to conservative care including pain medications, physical therapy, anti-inflammatories and injections. He complained of back pain and leg pain. MRI of the lumbar spine dated 06/20/11 revealed degenerative changes with a large right paracentral L5-S1 disc herniation with S1 nerve root impingement more pronounced on the right with modest canal stenosis. At L4-5 there are moderate posterior element hypertrophic changes with modest lateral recess stenosis more pronounced on the left with potential for impingement up on the left L5 nerve root. On examination there was no evidence of motor or sensory deficits. Deep tendon reflexes were normal. Straight leg raise was reported as positive on the left, but there was no indication if straight leg raise was positive for low back pain only or included pain radiating to the level of the knee. The records also do not indicate at what degree straight leg raise became positive. The request as submitted did not identify the proposed level of surgical intervention.

Records indicate that the injured employee underwent surgical intervention on 08/03/11. It was noted that the injured employee had significantly deteriorated and required several trips to the emergency room with new complaints of increased foot weakness from baseline. The injured employee returned to emergency department again with more weakness and new complaints of numbness in groin region. Based on increased low back pain as well as new neurologic symptoms, the injured employee was admitted for stabilization and ultimately for surgery consisting of posterior lumbar decompressive laminectomy with pedicle screw fixation and posterior lumbar interbody fusion. There were no emergency room records submitted for review. Based on the clinical information provided, noting that the request as submitted for review was non-specific without identifying the level(s) of surgical intervention, and noting that there was no evidence of neurologic deficits on clinical examination, the Lumbar laminectomy and microdiscectomy and one day length of stay is not found to be 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)