

SENT VIA EMAIL OR FAX ON
Sep/06/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Inpatient LOS 1 L5/S1 Foraminotomy Left Discectomy

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Spine orthopedic surgery, practicing 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)

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. It's reported on the date of injury he was lifting hoses when he experienced burning low back pain. He's reported to have failed conservative treatment consisting of medications physical therapy and epidural steroid injections and on 01/19/06 Dr. performed an L4-5 decompression and fusion. Post-operatively the claimant had continued back pain with no

significant improvement despite interventional procedures and extensive physical therapy and work hardening programs or work conditioning programs. Imaging studies reported to have shown good fusion at L4-5. He has a consistent history of low back pain with radiation into the lower extremities. On 11/04/09 the claimant is noted to have a retrolisthesis of 5mm at L3-4 with extension and reduces to normal on flexion. He was recommended to undergo additional imaging studies. MRI of the lumbar spine dated 11/23/09 notes status post intervertebral body fusion at L4-5 which is well healed with bilateral pedicle screws at the L4 and L5 levels. The right sided intervertebral cage is slightly more posterior placed than typical but this is described at the time of MRI this is described on a prior study into from 2007 this is stable and only slightly narrows the right lateral recess. The nerve roots of the phylum terminal appear somewhat thickened and adhere to the ventral thecal sac suggesting some scarring. There's an annular disc bulge at L3-4 that is only slightly larger in size when compared to a prior MRI. The exiting left L3 nerve root could be affected. There's an annular disc bulge at L2-3 complicated by a right paracentral disc extrusion with cephalad migration. He subsequently was referred back to pain management to Dr. and he was referred for additional physical therapy. Records indicate that the claimant eventually underwent

additional injections without a sustained response. On 04/18/11 the claimant was seen in follow up by Dr. and he reports that he has developed a left foot drop he continues to have burning pain in the lower back and numbness and tingling along the thigh and calf. On examination he's noted to have positive straight leg raise on the left he has increased hip and knee flexion to present a SLAP gait. He has decreased sensation in the left L5 dermatome and EHL weakness on the left that he does not have on the right. He was referred for MRI of the lumbar spine. He further is noted to have been referred for EMG. He continues to have a left foot drop. He was recently fitted for an AFO brace. He continues to have low back pain that radiates throughout both legs. Motor and sensory nerve conduction were all within normal limits. Needle EMG demonstrated chronic denervation changes in isolated L5 distribution. Dr. notes that there's no apparent cause for the claimant's left foot drop. Additional lumbar epidural steroid injections were not noted to result in improvement. The most recent MRI is dated 04/22/11 which notes intervertebral and posterior fusion at the L4-5 level which is not changed when compared to the previous study the traversing nerve roots appear somewhat thickened but do not enhance with gadolinium the traversing S1 nerve root appears to enhance with gadolinium although it does not appear enlarged. There's a minimal disc bulge at the L5-S1 level which barely indents the ventral thecal sac and was unlikely to result in a significant mass effect traversing left S1 nerve root sleeve no foraminal or canal stenosis is appreciated there's an annular bulge at L3-4 which is stable when compared to the prior study but there's a retrolisthesis of L3 with respect to L4 which appears to have progressed from increasing bilateral facet arthritis mild canal stenosis is observed there's a slight crowding of traversing nerve roots foraminal narrowing is moderate in severity bilaterally especially on the left of the left exiting L3 nerve root may be affected at L2-3 there is a degenerative bulge complicated by shallow light paracentral disc extrusion this has decreased prominence when compared to previous MRI. Records include an addendum to this report images were reexamined in an attempt to determine the cause of the left sided foot drop. Dr. notes that the disc bulge at the L5-S1 level is increased in size when compared to the prior MRI dated 11/23/09. It's reported under further directed evaluation the bulge appears slightly asymmetric to the left and could potentially result in mass effect upon the traversing left S1 nerve root sleeve and/or the exiting L5 nerve root within the proximal exit neural foramen. EMG/NCV dated 04/27/11 notes findings of isolated denervation changes in L5 distribution. The initial request was reviewed on 07/28/11 by Dr. who notes that the claimant has low back pain radiating into his buttocks and bilateral thighs and has numbness and tingling involving his bilateral lower extremities all the way to his toes on the left he has complaints of left foot drop. He has a positive straight leg on the left with positive Lasegue's left ankle dorsiflexion and EHL weakness on examination decreased sensation in the L5-S1 dermatomes treatment has included epidural steroid injections bracing and physical therapy. For which he was to submit directly to Dr. this was never received and therefore the case was non-certified. On 08/10/11 a subsequently appeal review was performed by Dr. who non-certifies the request notes that there's no objective documentation of pre-operative psychiatric evaluation responses documented responses to epidural steroid injections or documentation regarding response to oral medications.

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

The request for left L5-S1 foraminotomy with discectomy with one day inpatient stay is medically necessary and the previous utilization review determinations are overturned. The submitted clinical records indicate that the claimant sustained an injury to his low back that ultimately resulted in the performance of a single level fusion at L4-5. Post-operatively the claimant is noted to have undergone extensive conservative treatments and continues to have complaints. He was being followed by pain management and received periodic epidural steroid injections as well as oral medications and multiple courses of physical therapy. It is clear from the clinical records that the claimant received no sustained benefit from these treatments. Most recent imaging studies suggest degeneration at the L5-S1 level with potential exiting nerve root compromise which is now resulted in the development of progressive neurologic deficit. The claimant now requires utilization of an AFO brace for a foot drop that began in 04/11. Based upon the submitted clinical records the claimant clearly has problems with neural compromise in the L5-S1 distribution. And the requested surgical procedure is medically necessary to decompress the exiting nerve root as well as perform a

discectomy. Based upon the totality of the clinical information the request is opined to be medically necessary.

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