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**Notice of Independent Medical Review
Decision**

**Reviewer's
Report**

DATE OF REVIEW: September 2, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Decompressive lumbar laminectomy of L4-L5 and L5-S1 bilaterally with discectomy (63030) Three days inpatient stay (63030-50 and 63035-50)

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

M.D., Board Certified in Orthopedic Surgery.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

[] Upheld
(Agree)

[] Overturned
(Disagree)

[X] Partially Overturned (Agree in part/Disagree in part)

The requested decompressive lumbar laminectomy of L4-L5 and L5-S1 bilaterally with discectomy (63030) is medically necessary for treatment of the patient's medical condition.

The requested three days inpatient stay (63030-50 and 63035-50) is not medically necessary for treatment of the patient's medical condition; up to a two-day hospital stay is medically necessary for treatment of the patient's condition.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained a work related injury to his lower back on xx/xx/xxxx while lifting and connecting a hydraulic pump in a bent position. The diagnosis is L4-5 herniated nucleus pulposus (HNP) central and right, L5-S1 HNP central and left, minimally right L5 and/or S1 radiculopathy by nerve conduction study and clinically right L5-S1 radiculopathy.

EMG/NCS on 2/25/08 demonstrated minimal right L5 and/or S1 radiculopathy. An MRI of the lumbar spine performed on 7/27/09 demonstrated L4-5 and L5-S1 disc herniation. An MRI of the lumbar spine on 7/7/10 demonstrated a disc herniation at L4-5 indenting the thecal sac and a disc herniation at L5-S1 touching the S1 nerve root. Conservative treatment has included physical therapy and lumbar epidural steroid injections in 2010.

The patient was seen by his provider on 3/21/11 with ongoing complaints of constant lower back pain radiating into both legs. The pain was causing sleep disturbance as well. Exam findings revealed positive straight leg raise test on the right at 80 degrees and on the left at 90 degrees. There was decreased motor strength in the right L5 distribution. Sensation was decreased on the right at L5-S1. Deep tendon reflex testing was decreased on the left at S1. Bending at 60 degrees elicited low back pain. The left calf measured 36 cm and the right calf measured 35½ cm. Review of diagnostic studies included an MRI dated 7/7/10 which revealed posterior protrusion- subligamentous 4 mm disc herniation in the central and paracentral region indenting the thecal sac and L5-S1 posterior protrusion-subligamentous 4 mm disc herniation in the central and paracentral region but more prominently centrally touching the S1 nerve root on both sides. An MRI performed on 7/27/09 revealed L4-5 disc herniation effacing the ventral thecal sac. An MRI performed on 10/12/07 revealed L4-5 disc protrusion/herniation impinged on the anterior thecal sac extending laterally creating neural foraminal narrowing bilaterally with L5-S1 3 mm disc protrusions pressing on the S1 nerve root.

The provider noted that the patient was currently taking Naprosyn for the pain and had failed continued conservative care in the form of formal physical therapy and two epidural steroid injections, which provided only temporary relief, along with work and daily activity modifications. The provider has recommended surgical intervention, specifically, decompressive

lumbar laminectomy of L4-L5 and L5-S1 bilaterally with discectomy and three days inpatient stay.

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

The request for decompressive lumbar laminectomy of L4-L5 and L5-S1 bilaterally with discectomy is medically necessary. The patient was injured on 9/7/07 while lifting a pump. Official Disability Guidelines (ODG) recommend laminectomy/discectomy when there is evidence of objective findings on exam that correspond to imaging studies and there has been failure of conservative treatment. Review of the submitted diagnostic findings demonstrates that this patient has radicular symptoms; the imaging studies show neural impingement. In addition, the evidence provided documents that the patient has failed conservative treatment. Thus, the patient meets ODG recommendations for the

proposed surgery. Accordingly, the requested decompressive lumbar laminectomy of L4-L5 and L5-S1 bilaterally with discectomy (63030) is medically necessary for treatment of the patient's medical condition.

With regard to the length of hospital stay for this procedure, ODG criteria indicates that the best practice target for length of stay following laminectomy/discectomy is one day with median length of stay of two days; thus, up to a two day length of stay would be appropriate in this setting. Documentation of complications would be required for ongoing hospital stay after two days. Therefore, the requested three days inpatient stay is not medically necessary for treatment of the patient's medical condition; up to a two day hospital stay is medically necessary for treatment of the patient's medical condition.

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

- ACOEM- AMERICAN 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)