

SENT VIA EMAIL OR FAX ON
Apr/12/2012

True Decisions Inc.

An Independent Review Organization
2002 Guadalupe St, Ste A PMB 315
Austin, TX 78705
Phone: (512) 879-6332
Fax: (214) 594-8608
Email: rm@truedecisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/11/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. 1 Lumbar Laminectomy and Discectomy at the Right L4/5 and L5/S1 Levels
2. 1 day Inpatient Hospital Stay

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

Board Certified Orthopedic 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

OD Guidelines
Request for IRO 03/29/12
Utilization review determination 01/06/12
Utilization review determination 01/23/12
Report of medical evaluation 10/29/10
DWC form 69 10/29/10
Functional capacity evaluation 01/06/11
Clinical note 12/29/11
MRI lumbar spine 07/21/10
Clinical records 09/12/11-02/28/12
Physical therapy treatment notes

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. It is reported that on the date of injury he was struck in the chest and lower back and this caused burns to both legs and he was taken to where x-rays of the upper trunk and lower back did not reveal any fractures or abnormalities. He was prescribed physical therapy and came under the care of

The claimant underwent MRI of the lumbar spine on 07/21/10 which indicated a broad based disc bulge at L3-4 with minimal central canal stenosis and no neural foraminal stenosis a

large broad based disc bulge at L4-5 with an enlarged canal and no neural foraminal stenosis appreciated and at L5-S1 there is a large broad based disc with disc material encroaching into the neural foramen bilaterally with no significant central canal stenosis and there's moderate to severe neural foramen stenosis bilaterally impinging on the exiting nerve roots.

The claimant was seen by on 10/29/11; who acting as a designated doctor performed a physical examination and notes decreased range of motion in all planes with pain upon palpation movement patterns were guarded. No spasms or muscle contractions were noted. Reflexes were normal 2+ at the patella and Achilles tendons and muscle strength is graded as 4/5 but could not be associated with any type of neurologic deficits and seated straight leg raise was negative at 90 degrees and he was able to walk with a normal gait but was guarded and was able to stand on his heels and toes without difficulty. He subsequently opines that the claimant is at clinical maximum medical improvement and he assesses a 0% whole person impairment rating.

The records indicate that the claimant was referred for a functional capacity evaluation on 01/06/11. He was reported to have a global limitation in his physical activities. He was opined to demonstrate a sedentary level of activity.

Records indicate that on 09/12/11 the claimant was seen by. It is reported that on the date of injury he was lifting a heavy wire, the wire apparently slipped striking the patient and he is reported to have fallen backwards sustaining injury to the low back and chest. He complains of significant pain in the left chest. He's had very little improvement despite therapy. He reports having a spinal epidural block by with some relief and reports having some pain in the region of the left knee and a considerable amount of pain in the lumbar region. On examination there is considerable tenderness in the region of the left chest. This area is reported to be tender and swollen. He has limited range of motion of the lumbar region and knee and Achilles jerk are reported to be hyperactive and straight leg raise is a positive at 25-30 degrees on both sides. He's able to stand and walk on his heels and toes however he has difficulty because of severe lumbosacral spine pain and rotation produces discomfort in the lumbar region and sensation is reported to be intact. He was recommended to receive additional conservative treatment consisting of a spinal epidural block and he was to be referred to a chest specialist to evaluate for the possibility of an occult rib fracture. He was given the oral medications baclofen and Vicodin.

The claimant was seen in follow-up by on 12/20/11 and he's reported to have had injections by which helped temporarily and he's reported to have large herniated discs at L4-5 and L5-S1. On physical examination he's reported to have positive straight leg raise difficulty bending and with rotation. He has tenderness in the lumbosacral region. Medication helps little because of his back and leg pain. It's reported that his pain extends all the way to the bottom of the right foot and he's reported to have weakness in dorsiflexion of the big toe secondary to compression of the nerve at the level of L4-5. He was subsequently recommended to undergo surgical intervention.

On 01/06/12 the initial review was performed by who non-certified the request; noting that a comprehensive physical examination with neurologic assessment from the requesting physician was not provided. There was no objective documentation regarding failure of response to evidence based conservative modalities, physical therapy, injection, and medications. Procedural notes and functional response to injection were not objectively documented. He further noted that no psychological screening report was provided.

The claimant was seen in follow-up by on 01/12/12. There is no substantive change in the claimant's subjective complaints. On physical examination he's reported to have decreased sensation to pin prick in the L5-S1 distributions on the right. Deep tendon reflexes are reported to be hyperactive. However the Achilles jerk is reported to be absent on the right. The claimant is subsequently recommended to undergo laminectomy discectomy at L5-S1.

The appeal request was reviewed by on 01/23/12. non-certified the request noting that the medical report failed to objectively document exhaustion and failure of conservative treatment

to include activity modification, home exercise training, pharmacotherapy and physical therapy. He notes that there is no objective evidence that the patient is unlikely to gain clinically significant functional response from continued treatment from less invasive modalities. He notes a recent diagnostic study was not submitted for review. Subsequently upholds the previous non-certification.

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

The request for lumbar laminectomy and discectomy on the right at L4-5 and L5-S1 with one day inpatient stay is not supported as medically necessary and the previous utilization review determinations are upheld. The submitted clinical records indicate that the claimant sustained work related injuries after being struck by a cable. He is reported to have undergone conservative treatment and was previously placed at clinical maximum medical improvement by designated doctor on 10/26/10 with a 0% impairment rating. Imaging studies performed on 07/21/10 note a large broad based disc bulge at L4-5 however there is an enlarged canal and no foraminal stenosis appreciated. There is no information to suggest a neurocompressive lesion at this level. At L5-S1 there is a broad based disc bulge with disc material encroaching into the neural foramen bilaterally with no significant central canal stenosis and moderate to severe neural foraminal stenosis bilaterally impinging on the exiting nerve roots. This would not account for the claimant's subjective complaints of right sided leg pain only. The claimant is reported to have received interventional procedures from however, no procedure reports and post procedure records were provided to validate the claimant's pain response and failure of conservative management. It would be noted that given the lack of neurocompressive lesions identified on claimant's imaging studies that EMG/NCV study would be appropriate to validate the claimant's subjective complaints. Based upon the totality of the clinical information, there is a lack of correlating data and supporting documentation to establish the medical necessity for performing a two level discectomy on the right at L4-5 and L5-S1.

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