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Notice of Independent Review Decision

DATE OF REVIEW: 4/13/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a lumbar laminectomy and additional segment.

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

The reviewer is a Medical Doctor who is 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)
- Partially Overturned (Agree in part/Disagree in part)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of a lumbar laminectomy and additional segment.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Organization, Inc. and MD

These records consist of the following (duplicate records are only listed from one source):

Records reviewed from Organization:

Adverse Determination Letters – 2/21/12 and 3/22/12

Sports Medicine Centre, PA

Pre-auth Request- 3/14/12

Surgery Scheduling- 2/13/12

Encounter Notes- 2/13/12, 12/27/11, 12/01/11, 10/25/11

MD, PhD

EMG Report – 2/1/12
MRI L-Spine Report – 10/14/11
Operative Reports – 12/14/11, 11/16/11

Physical Therapy

Progress Reports- 10/14/11, 10/5/11
Daily Treatment Notes- 10/14/11, 10/12/11, 10/10/11, 10/7/11, 10/5/11, 10/3/11,
9/30/11, 9/28/11
Initial Evaluation- 9/28/11

Records reviewed from MD:

Sports Medicine Centre

Encounter Notes- 3/27/12
Pre-Auth Determination Letter- 3/6/12

PC

Confidential Diagnostic Interview- 3/8/12

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The was injured lifting on the date of injury noted. MRI findings have been noted to reveal (as of the xx/xx/xx dated report) a far left lateral protrusion at L4-5 with recess narrowing and mild L5 nerve root sleeve deformation. At L5-S1, a disc bulge was noted to minimally flatten the S1 nerve root sleeves. Attending Physician records discuss (as of 2/13/12) constant back pain with buttocks and thigh radiation. Exam findings were reflective of slight weakness of the anterior tibialis and extensor hallucis longus, bilaterally in the lower extremities. Electrical studies from 2/1/12 denoted possible left L4-5 radiculopathy. Prior treatment included medications and ESIs in 11/11 and 12/11, activity reduction and PT. The bilaterality of the leg pain was noted in multiple records, including from the Attending Physician notes dated 3/27/12 and 12/27/11. The records of PT, medication use and ESI administration were reviewed. Denial letters related non-diagnostic objective findings on examination, along with equivocal electrical studies and the lack of a psychosocial screen.

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

The clinical subjective and objective findings do correlate with the corroborative MR imaging and the electrical tests. The trial and failure of reasonable non-operative treatments has been comprehensive and documented. Clinical ODG criteria have been met overall and the objective findings are adequately corroborated to support that the requested procedures are reasonable and medically necessary.

ODG Indications for Surgery™ -- Discectomy/laminectomy --

Required symptoms/findings; imaging studies; & conservative treatments below:

I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging.

Findings require ONE of the following:

- A. L3 nerve root compression, requiring ONE of the following:
 - 1. Severe unilateral quadriceps weakness/mild atrophy
 - 2. Mild-to-moderate unilateral quadriceps weakness
 - 3. Unilateral hip/thigh/knee pain
- B. L4 nerve root compression, requiring ONE of the following:
 - 1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
 - 2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
 - 3. Unilateral hip/thigh/knee/medial pain
- C. L5 nerve root compression, requiring ONE of the following:
 - 1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
 - 2. Mild-to-moderate foot/toe/dorsiflexor weakness
 - 3. Unilateral hip/lateral thigh/knee pain
- D. S1 nerve root compression, requiring ONE of the following:
 - 1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy
 - 2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness
 - 3. Unilateral buttock/posterior thigh/calf pain

([EMGs](#) are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)

II. [Imaging Studies](#), requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:

- A. Nerve root compression (L3, L4, L5, or S1)
- B. Lateral disc rupture
- C. Lateral recess stenosis

Diagnostic imaging modalities, requiring ONE of the following:

- 1. [MR](#) imaging
- 2. [CT](#) scanning
- 3. [Myelography](#)
- 4. [CT myelography](#) & X-Ray

III. [Conservative Treatments](#), requiring ALL of the following:

- A. [Activity modification](#) (not bed rest) after [patient education](#) (≥ 2 months)
- B. Drug therapy, requiring at least ONE of the following:

- 1. [NSAID](#) drug therapy
- 2. Other analgesic therapy
- 3. [Muscle relaxants](#)
- 4. [Epidural Steroid Injection](#) (ESI)

C. Support provider referral, requiring at least ONE of the following (in order of priority):

- 1. [Physical therapy](#) (teach home exercise/stretching)
- 2. [Manual therapy](#) (chiropractor or massage therapist)
- 3. [Psychological screening](#) that could affect surgical outcome
- 4. Back school ([Fisher, 2004](#))

For average hospital LOS after criteria are met, see [Hospital length of stay](#) (LOS).

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)