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**Notice of Independent Review Decision**

**Date:** 08/20/2012

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

Lumbar laminectomy/foraminotomy at L4-5.

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

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME:**

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

X Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

1. MD, Op note dated 03/13/2012.
2. MD, Op note dated 01/24/2012.
3. MD, Op note dated 12/07/2011.
4. MD, Clinical notes, 05/19/2012, 02/03/2012, 11/11/2011, 10/11/2011, 05/17/2012, 07/12/2012.
5. MD, Cervical spine MRI report, 08/30/2011.
6. MD, MRI report of left shoulder, 08/30/2011.
7. MD, Left shoulder MRI report, 08/30/2011.
8. PT, Physical therapy note, 05/12/2011.
9. DC, Clinical notes, 05/27/2011 and 06/21/2011.
10. DC, Clinical notes, 05/09/2012, 02/29/2012, 11/09/2011, 10/12/2011, 09/14/2011, 08/08/2011.
11. Novare utilization review determinations, 02/13/2012, 01/11/2012, 11/18/2011, 10/20/2011, 06/22/2012, and 07/23/2012.
12. No stated provider, Manual muscle testing and range of motion exam, 02/03/2012 and 05/17/2012.
13. Article, Microsurgical Annular Reconstruction (Annuloplasty) Following Lumbar Microdiscectomy.
14. Employer's First Report of Injury or Illness, 05/12/2011.
15. Associate's statement, Worker's Compensation, 05/12/2011.

16. Worker's Compensation request for medical care, 05/12/2011.
17. MD, Clinical note, 05/25/2012.
18. MD, Clinical note, 05/18/2011.
19. MD, Clinical note, 05/12/2011.
20. DC, Clinical note, 03/21/2012.
21. No stated provider, Daily treatment notes, 01/05/2012, 01/09/2011, 09/08/2011, 09/02/2011, 09/01/2011, 08/28/2011, 08/25/2011, 04/03/2012, 04/04/2012, 04/06/2012, 04/16/2012, 04/18/2012, 04/20/2012, 04/23/2012, 04/28/2012, 04/31/2012, 07/02/2012, and 07/06/2012.
22. MD, Report of medical evaluation, 12/29/2011.
23. MD, Clinical note, 12/20/2011.
24. DC, Clinical note, 12/14/2011.
25. Healthcare, Multiple preop and perioperative notes.

**PATIENT CLINICAL HISTORY [SUMMARY]:** This patient is a female with a reported date of injury of xx/xx/xx. At that time, she indicated she had low back pain after being struck against an object. She was seen in clinic on 05/12/2011 by. She indicated she was in her department, trying to open a gate to get a bigger opening when it came off the railing and the gate landed on top of her. On exam, deep tendon reflexes were equal. Sensation was intact to light touch distally. Motor strength was 5/5 and she had a negative straight leg raise. She had full range of motion in the lumbar spine with pain on flexion and extension. The assessment was lumbar strain and abdominal wall strain. She was placed on ibuprofen and cyclobenzaprine and referred to therapy. On 08/30/2011, an MRI of the lumbar spine was performed. This exam revealed severe L4-5 canal stenosis secondary to a grade I degenerative anterolisthesis, spondylosis, and annular disc bulging and bilateral ligamentum flavum hypertrophy. There was also bilateral facet osteoarthritis at that level. There was a tiny right central disc protrusion superimposed on an annular disc bulge at that level. On 12/07/2011, this patient was taken to surgery for a lumbar epidural steroid injection. She returned to surgery on 01/24/2012 for a cervical epidural steroid injection. On 03/13/2012, she was taken to surgery for a labral tear and impingement of the left shoulder, and she underwent arthroscopic examination of the left shoulder. On 05/17/2012, this patient returned to clinic. At that time, she had complaints of neck pain and hip pain. Pain was rated at 9/10 in the lumbar spine. On exam, she had tenderness to the lumbar spine. She had paresthesia along the bilateral L5 dermatomal distribution. The right extensor hallucis longus was graded at 3/5, and on the left it was 5/5. Straight leg raise was positive on the right. Lumbar laminectomy and foraminotomy were recommended at that time.

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

On 06/22/2012, a adverse determination for the requested lumbar laminectomy and foraminotomy was submitted. Rationale for that determination was that the patient showed poor response to her shoulder surgery from March, and as such, the surgery on the lumbar spine would not be medically necessary at that time. On 07/12/2012, this patient returned to clinic. At that time, she still had 3/5 strength in the right extensor hallucis longus. Straight leg raise was positive on the right. Low back pain was rated at 7/10. Motor strength and sensation were intact in the upper extremities, and reflexes were 2+ and symmetrical. It was indicated that the patient had no pain to her left shoulder and was happy with the cervical results. She was almost 100% back to where she was before her injury. On

07/23/2012, a Novare adverse determination was submitted for the requested lumbar laminectomy and foraminotomy at L4-5. Rationale for that adverse determination was that there was no good explanation for the marked weakness on objective imaging. The imaging demonstrated degenerative spinal stenosis. Therefore, the rationale was that there should be repeat imaging to demonstrate objective evidence for the decreased strength and the psychological clearance to make sure the profound weakness found on clinical exam makes neurological sense. The records, however, do indicate that the patient has 3/5 weakness in the right extensor hallucis longus and a positive straight leg raise. She has decreased sensation in the bilateral L5 dermatomal distribution. The MRI demonstrates L4-5 stenosis and a tiny right central disc protrusion superimposed on an annular disc bulge at that level. As such, there is objective evidence on imaging to correlate with physical findings. Therefore, the rationale on the most recent adverse determination has been addressed. Therefore, the request is considered reasonable and necessary at this time.

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

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

**Reference:**

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 ( $\geq$  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).