

I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Nov/28/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar laminectomy discectomy foraminotomy & partial facetectomy at L4-5

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

M.D., Board Certified Neurosurgeon

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds the request for Lumbar laminectomy discectomy foraminotomy & partial facetectomy at L4-5 cannot be supported as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Request for IRO dated 11/13/12
Receipt for request of IRO dated 11/13/12
MRI lumbar spine dated 12/06/11
Clinical records dated 01/06/12-10/31/12
EMG/NCV study dated 04/20/12
Clinical records 04/15/12
Letter of reconsideration dated 04/27/12
Procedure report lumbar epidural steroid injection 05/11/12
Clinical note dated 05/23/12
Clinical note 07/02/12 and 08/06/12
Clinical note dated 08/20/12
Utilization review determination dated 10/04/12
Utilization review determination dated 11/09/12
Physical therapy treatment notes, various dates

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who is reported to have sustained injuries to his low back on xx/xx/xx. On this date he is reported to have been lifting. He is reported to have felt a pop followed by pain, numbness and tingling in low back radiating into the right foot.

On 12/06/11 the claimant was referred for MRI of lumbar spine. This study notes 1 mm disc bulges at L1-2 and L3-4. The L2-3 disc spaces are unremarkable. At L4-5 the disc is moderately desiccated. There is a slightly caudal extruded subligamentous central disc

herniation measuring 3-4 mm in AP dimension. There is ventral effacement of the thecal sac. The central canal diameter and neural foramina are adequate. At L5-S1 the intervertebral disc is diffusely desiccated and moderately flattened posteriorly. There is an 8 mm posterior endplate spur and superimposed disc bulging without central spine stenosis.

On 01/08/12 the claimant was seen. He notes the claimant has been on light duty and has complaints of low back pain radiating into the right foot. The claimant has been treated with 1 visit of formal physical therapy with home exercise program. He has no history of surgeries and injections to relieve pain. Current medications include Hydrocodone and Ibuprofen. On physical examination he is noted to be 5'9" tall and weighs 200 lbs. Lumbar range of motion is moderately restricted in flexion, rotation, and side bending with forward flexion reproducing pain. There is positive straight leg raise on right negative on left. Reflexes are 2/4 and symmetric. Motor power is 4+/5 weakness of right EHL and dorsiflexors. The claimant was opined to have low back pain with radicular features approximating in the L5 distribution. The claimant was recommended to undergo lumbar epidural steroid injections. Records indicate the claimant received first injection on 01/20/12. It is reported he had virtually complete resolution of his symptoms for a week but the pain has resumed a bit. Pain was present on the right side before injections but now primarily is left sided without radiation into the extremities. Records indicate the claimant was referred for EMG/NCV studies on 04/20/12. This study is reported to show evidence of active denervation in L5 nerve root distribution in bilateral lower extremities compatible with L5 radiculopathy. He was recommended to undergo additional lumbar epidural steroid injections. Records indicate that this was not initially approved under utilization review. submitted a letter clarifying the claimant's response to initial injection. A second lumbar epidural steroid injection was performed on 05/11/12. When seen in follow-up on 05/23/12 it is reported he had good response for a week or two essentially pain free but pain has now reoccurred and in his left leg. Clinical note dated 08/03/12 indicated the claimant had 80% relief for period of approximately 8 weeks and now began to develop recurrent pain and is returning to baseline.

The claimant was referred on 08/20/12. At this time the claimant reported sustaining an injury to her low back, which resulted in low back pain which radiated into the right lower extremity along lateral thigh and calf into dorsum of right foot with associated numbness and tingling in similar distribution. The claimant is reported to have undergone physical therapy and epidural steroid injection without improvement. He reported pain level to be 8/10. Current medications include Hydrocodone and Ibuprofen. On physical examination he is 5'9" tall and weighs 205 lbs. He has decreased lumbar range of motion. He is reported to have 4/5 strength in right tibialis anterior and EHL, otherwise 5/5 throughout. Reflexes are 2+ and symmetric. Gait is reported to be antalgic. He is reported to have difficulty with heel walking and less difficulty with toe walking. Straight leg raise is positive on right at 40 degrees. Sensory is reported to be hypoesthetic in right L5 distribution. The claimant was opined to have HNP at L4-5. He is subsequently recommended to undergo laminectomy, discectomy, foraminotomy and partial facetectomy at L4-5.

The initial review was performed on 10/04/12. non-certified the request. He noted MRI was reviewed and at L4-5 there is a disc that is moderately flattened and desiccated with caudally extruded disc herniation with ventral effacement of the thecal sac. Clinical exam indicates he has 4/5 strength on right and diminished sensation on the right with positive straight leg raise. He noted MRI fails to demonstrate significant canal stenosis or neural foraminal stenosis to warrant surgical intervention and non-certified the request. The appeal request was reviewed on 11/09/12. non-certified the request and notes no additional records were submitted for review. He reported independent neurologic evaluation performed on 04/20/12 documented the claimant had positive straight leg raise on left at 50 degrees with positive Lasegue's sign. Deep tendon reflexes were 2/4 and symmetric. There is no motor deficit and no muscle atrophy or wasting. Sensation was diminished in bilateral lower extremities predominately at medial aspect of foot and ankle. He notes electrodiagnostic studies documented evidence of active denervation at L5 nerve root distribution of bilateral lower extremities. He indicates MRI did not objectify any significant nerve root impingement. He finds the claimant's subjective complaints minimally correlate with objective physical examination findings. He noted the records do not reflect or verify levels at which epidural steroid injections were

performed. He notes there is lack of supporting documentation establishing the failure of conservative treatment.

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

The submitted clinical records indicate the claimant developed low back pain as result of work related activity. When the claimant presented his initial complaints were primarily that of low back pain with radiation into right lower extremity. The records indicate the claimant has received conservative treatment of oral medications, physical therapy and at least 2 lumbar epidural steroid injections. It would be noted during the course of the claimant's treatment after first epidural steroid injection he reported a change of his symptoms and that he subsequently had low back pain with radiation into left lower extremity. The submitted imaging studies indicate presence of mild degenerative disc disease at L4-5 and L5-S1; however, there is no evidence of significant disc herniation resulting in neural compression in central canal, neural foramina or lateral recesses. There is no objective data establishing impingement of exiting nerve roots. The claimant has undergone EMG/NCV study, which shows evidence of chronic bilateral L5 radiculopathy that is not manifested on physical examination. The claimant's physical examination findings clearly change multiple times. This would strongly indicate the claimant to be poor surgical candidate from behavioral medicine / psychological perspective. Therefore, noting the lack of clear correlation between imaging and the claimant's physical examination findings, variable findings on physical examination, and lack of clear identification of symptomatic level, the reviewer finds the request for Lumbar laminectomy discectomy foraminotomy & partial facetectomy at L4-5 cannot be supported as medically necessary.

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

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE

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)