

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Dec/05/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

63047 - Removal of Spinal Lamina and 63048 - Remove Spinal Lamina Add-On and 69990 - Microsurgery Add-On

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

M.D., Board Certified Orthopedic Surgeon
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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds medical necessity does not exist for 63047 - Removal of Spinal Lamina and 63048 - Remove Spinal Lamina Add-On and 69990 - Microsurgery Add-On.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes dated 07/03/12 – 09/10/12
MRI lumbar spine dated 07/13/12
Procedure report dated 08/17/12
Prior reviews dated 09/26/12 and 10/12/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx when attempting to lift a heavy object. The patient developed low back pain radiating into the right lower extremity. The initial progress report dated 07/03/12 stated that the patient has had 2 sessions of physical therapy with minimal improvement. The patient did utilize Norco for sleep but he had difficulty with drowsiness. The patient was placed on work restrictions. Other medications have included Meloxicam. The initial physical examination revealed lumbar paravertebral muscle spasms with limited range of motion. Straight leg raise was reported as positive bilaterally. MRI studies were recommended and performed on 07/13/12. This study revealed paramedian disc protrusions or herniations at L3-4 and L4-5. At L3-4 there was evidence of thecal sac compression secondary to disc herniation with mild encroachment of the neural foramina bilaterally. There was also mild stenosis of the lateral recesses. At L5-S1 there was significant impression on the thecal sac without evidence of foraminal stenosis. Lateral recess stenosis was present. No significant foraminal or canal stenosis at L5-S1 was identified. The patient was seen on 07/30/12 for continued complaints of low back pain radiating to the lower extremities bilaterally. The patient reported minimal improvements with

oral analgesics. Physical examination did reveal positive straight leg raise bilaterally with mild diminishment of the left ankle reflex. Loss of sensation was noted in the L5 dermatome bilaterally and no focal weaknesses were identified in the lower extremities. The patient was recommended for selective nerve root blocks, which were completed at L5 bilaterally on 08/17/12. Follow-up on 09/12/12 stated that the patient had no relief from the prior epidural steroid block. Physical examination was unchanged and the patient was recommended for laminectomy at L3-4 and L4-5.

The requested laminectomy at L3-4 and L4-5 was not recommended by utilization review on 03/26/12. Although the request was for spinal laminectomy, the denial was based on a request for lumbar fusion.

The request for spinal laminectomy at L3-4 and L4-5 was again denied by utilization review on 10/12/12. The denial indicated that the patient's pain generators had not been adequately identified. There was also rationale for denial of lumbar fusion.

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

The requested lumbar laminectomy at L3-4 and L4-5 would not be supported as medically necessary based on the clinical documentation provided for review. Per clinical documentation, the patient has had insufficient conservative treatment for the reported complaints. To date, the patient has only completed 2 sessions of physical therapy and there is no indication from the clinical notes that the patient would not reasonably benefit from further attempts at physical therapy. Additionally, the patient's pain generators have not been adequately identified as the patient had no response to prior selective nerve root blocks at L5. No further attempts at identifying pain generators through selective nerve root blocks were completed. Given that the MRI studies revealed mild lateral recess and canal stenosis at L3-4 and L4-5, pain generators should be identified adequately prior to any surgical procedures. The patient's physical examination findings are also unclear as to potential pain generators and no further diagnostic testing such as electrodiagnostic studies were completed adequately identifying pain generators that would benefit from spinal laminectomy procedures. The clinical documentation provided for review does not meet guideline recommendations. The reviewer finds medical necessity does not exist for 63047 - Removal of Spinal Lamina and 63048 - Remove Spinal Lamina Add-On and 69990 - Microsurgery Add-On.

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 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)