

# I-Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Feb/17/2012

**IRO CASE #:**

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

lumbar laminectomy and foraminotomy at left L1-2 and bilaterally L2-3, L3-4

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

M.D., Board Certified Orthopedic spine surgeon, practicing 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines

Notification of determination 01/11/12

Reconsideration / appeal determination 01/27/12

Orthopedic consult and follow-up reports 04/08/09-12/23/11

Lumbar spine MRI 09/28/11

MRI lumbar spine 06/14/07

MRI right hip 06/04/07

X-ray lumbar spine 05/01/07

X-ray cervical spine 05/01/07

Cervical spine MRI 01/07/11

Reference material regarding angioplasty after lumbar discectomy, various dates

Mental health evaluation and individual psychotherapy progress note 06/09/09-07/28/09

Mental health evaluation 07/07/08

Consultation notes 06/20/08

Initial evaluation and follow-up evaluation 05/07/07-06/02/08

Orthopedic report 06/21/07

Computerized muscle testing and range of motion 04/08/09-10/12/10

Surgical pathology report 09/08/10

Preauthorization determinations 10/09/09, 09/30/09, 09/12/11, 09/13/11, 08/17/10

Functional capacity evaluation 07/16/08

Electromyography 08/14/07

Operative report ACDF with partial corpectomy C6-7 09/08/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who was injured on xx/xx/xx in a motor vehicle accident. He was sitting at red light when his vehicle was struck from behind. He has had physical therapy, cervical and lumbar epidural steroid injections. He has had multiple diagnostic / imaging studies. After failing conservative treatment, anterior cervical discectomy with partial corpectomy and fusion C6-7 was performed on 09/08/10. Records indicate he initially was

getting better but continued to complain of pain and stiffness. He was noted to complain of 10/10 back pain. He reported getting soreness and weakness radiating into right leg. MRI of lumbar spine performed on 09/28/11 reported multilevel spondylosis and annular disc bulge most severe from L1-2 through L3-4. There is also tiny central disc protrusion at L3-4 and subtle right disc protrusion at L4-5. The spinal canal is mildly stenotic at L3-4. There are varying degrees of foraminal stenosis from L1-2 through L5-S1. Physical examination on 09/02/11 reported lumbar tenderness with painful decreased range of motion. Straight leg raise was negative. Reflexes were symmetric. Motor strength and sensation were intact.

Orthopedic report dated 12/23/11 indicated the claimant complained of persistent neck pain in spite of cervical discectomy and fusion, but reports some of neurologic symptoms he was having preoperatively have improved. Main concern at this time is persistent back pain radiating into both hips with occasional numbness in right leg. On examination the claimant had lumbar tenderness and painful decreased range of motion. Lower extremity motor strength and sensation were intact except for some paresthesias around right knee region consistent with L3 or L4 dermatome. Lower extremity reflexes were 2+ and symmetric. Straight leg raise reproduced back pain and leg pain at approximately 80-90 degrees on right, which is not normally a positive finding but was different than left leg, which did not have such findings. It was noted the claimant experienced 90% relief with lumbar epidural injection performed in 08/07. Second epidural injection performed in 2008 provided some relief but not as much as the first one. The claimant was recommended to undergo surgery directed toward relieving the claimant's neurogenic claudication.

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

This man sustained an injury secondary to motor vehicle accident on 04/30/07. He is status post ACDF C6-7 in 2010. Following surgery the claimant reported improvement in neck pain and reduction in neurologic symptoms he had pre-operatively. However he reported persistent back pain radiating into both hips with occasional numbness in the right leg. Most recent MRI of the lumbar spine performed 09/28/11 revealed multilevel spondylosis with annular disc bulging most severe at L1-2 through L3-4. There is mild spinal canal stenosis noted at L3-4, with varying degrees of foraminal stenosis throughout the lumbar spine. The claimant reportedly was diagnosed with neurogenic claudication, but there is no clear documentation of symptomatology to establish this diagnosis. As noted on previous reviews, there is no documentation of recent conservative treatment for the lumbar spine. As such the reviewer finds lumbar laminectomy and foraminotomy at left L1-2 and bilaterally L2-3, L3-4 is not 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 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)