

SENT VIA EMAIL OR FAX ON
Feb/14/2012

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/13/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4/5, L5/S1 Right Laminectomy

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

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

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured on xx/xx/xx. He reportedly was that weighed 30-40 pounds when he felt a sharp pain in the lower back. He complains of low back pain that radiates to the right lower extremity. MRI of the lumbar spine performed on 06/13/11 revealed a 9mm right paracentral disc protrusion at L5-S1 which impinges upon the thecal sac in the right S1 nerve root, and also causes severe right lateral recess stenosis. At L4-5 there is a 4mm posterior disc protrusion which mildly impinges upon the thecal sac and moderately narrows both of the lateral recesses. Mild disc desiccation also is noted at L5-S1. Electrodiagnostic testing performed 09/01/11 reported only abnormalities noted were fibrillations in the left L5 and S1 paraspinal muscles and the right S1 paraspinal muscles indicative of bilateral radiculopathy at L5-S1 and left L5 radiculopathy. Initial treatment included physical therapy, anti-inflammatories and pain medications. The claimant also underwent epidural steroid injections times three without significant long term relief. Claimant was recommended to undergo L4-5, L5-S1 right laminectomy.

A pre-authorization review determined that the request for L4-5, L5-S1 right laminectomy was not indicated as medically necessary. The records indicate that the reviewer spoke with Dr. who reported the claimant has a finding of a 9mm herniation at L5-S1 on the right; however it does not correlate with nerve root compression of the S1 nerve root because the claimant has on physical examination normal ankle reflex. This physical examination was with Dr. on 05/05/11. Chief complaint was low back pain not leg pain and ankle reflexes were normal during that exam. The EMG report dated 09/01/11 reported no positive sharp waves or fibrillation in the extremity muscles enervated by the S1 root. Therefore EMG does not provide good evidence for radiculopathy at S1. MRI dated 06/13/11 revealed a 4mm protrusion at L4-5 with absolutely no mention of nerve root compression. Findings of weakness by Dr. on physical examination were only subjective findings. Medical records do not support objective evidence of radiculopathy and do not meet guideline criteria. Therefore the request could not be certified.

An appeal request for L4-5, L5-S1 right laminectomy was reviewed and per pre-authorization determination dated 01/23/12 was denied as not medically necessary. The reviewer noted that Official Disability Guidelines requires imaging in accordance with physical examination findings. There must be nerve root compression, lateral disc rupture or lateral recess stenosis documented. The MRI documented not findings to meet guideline requirements. EMG was not documented reporting radiculopathy. As such, appeal for L5-S1 right laminectomy could not be supported.

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

Based on the clinical information provided, proposed L4-5, L5-S1 right laminectomy is supported as medically necessary. The claimant is noted to have sustained lifting injury to low back on xx/x/xx. His condition was refractory to conservative treatment including physical therapy, medications and 3 epidural steroid injections. It was noted the third injection only helped for a few weeks before all pain and numbness in right leg and low back returned. Records indicate that motor strength in right lower extremity was graded 4/5 in right anterior tibialis, extensor hallucis longus, gastrocnemius. There was also decreased sensation in right L4, L5 and S1 dermatomes. Deep tendon reflexes were 2+ throughout lower extremities. Clonus was negative. Babinski was negative. Straight leg raise was positive. MRI revealed 9 mm right paracentral disc protrusion at L5-S1 impinging upon thecal sac and right S1 nerve root. This also causes severe right lateral recess stenosis. At L4-5 there is a 4 mm posterior disc protrusion which mildly impinges on thecal sac and moderately narrows both lateral recesses. Noting the claimant has physical examination findings consistent with imaging indicative of L4-5 and L5-S1 nerve root compression, and noting failure to respond to conservative treatment, the proposed surgical procedure is indicated as medically necessary. Consequently, the previous denials should be overturned.

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)