

Prime 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/07/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar laminectomy discectomy foraminotomy and partial facetomy at L4-5

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
Request for IRO dated 01/19/12
Utilization review determination dated 12/12/11
Utilization review determination dated 01/16/12
Clinical records Dr. 10/21/11
Clinical records, PAC 06/27/11-10/04/11
EMG/NCV study dated 09/23/11
Clinical records Dr. dated 08/30/11
MRI lumbar spine dated 08/09/11
Procedure report dated 06/12/06
Clinic note Dr. dated 04/28/06-07/20/06

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have date of injury of xx/xx/xx. He was electrocuted and developed low back pain with radiation into right lower extremity. On 04/28/06 the claimant reported 90% back and 5% right leg pain. He has previously been treated with bed rest, anti-inflammatories and muscle relaxants. He has had some relief with narcotics, physical therapy and TENS. He was referred for MRI, which is reported to show disc desiccation at L4-5 with 2 mm midline disc protrusion causing slight extradural defect on thecal sac. He was initiated on pain medications and referred for lumbar epidural steroid injections. On 06/12/06 he had lumbar selective nerve root block at L5-S1 and facet injections at L4-5 and L5-S1. Post procedurally he is noted to have continued pain and reported no improvement with these interventional procedures. On 08/09/11 the claimant was referred for MRI of lumbar spine with contrast for back pain with left lower extremity numbness and tingling. This study notes 4 mm broad based posterior disc protrusion, annular fissure at L3-4. At L4-5 there is 5 mm broad based posterior disc protrusion and annular fissure with mild hypertrophy of posterior elements producing mild bilateral foraminal stenosis and mild spinal

stenosis. At L5-S1 there are hypertrophic changes of facet joints with subtle 2mm posterior disc protrusion but no significant stenosis.

On 08/30/11 the claimant was seen by Dr.. The claimant reported last working on 08/29/11, and reported being off work for a different issue. He noted previous electrical injury for which he started feeling pain into back and left foot. He reported symptoms are worse. His pain level is 9/10 worse with movement and better with lying down. He reported radiation into left lower extremity. He has numbness in left leg and foot and increased weakness in forward flexion. Current medications include Zoloft, Oxycontin 10 mg 3 times a day, Flexeril, and Zantac. He is 6 feet and 282 lbs. Prone push up increases his low back pain in L4-S1 zone. Strength is 5/5, and reflexes are 3+ at knee and 2+ at ankle. Faber is positive on left. He can heel toe gait but has increasing symptoms. His provider recommended that he undergo SI joint injection and he was also referred for EMG/NCV. This study was performed on 09/23/11. There is evidence of left sided L5 radiculitis. On 10/21/11 the claimant was seen by Dr.. It is reported the claimant has undergone extensive physical therapy and epidural steroid injection therapy with no significant improvement. He reported his pain to be 8/10. On physical examination he is 6 feet tall and weighs 295 lbs. Lumbar range of motion is decreased. He is reported to have 4/5 strength in tibialis anterior and EHL on left otherwise 5/5 throughout. Reflexes are 2+ and symmetrical. He reported difficulty with heel walking, less difficulty with toe walking. Straight leg raise is positive on left. He is reported to have hypoesthetic region in L5-S1 distributions on left. On MRI reviewed by Dr. he reported large disc herniation paracentrally towards left at L4-5 with severe left sided foraminal stenosis and left lateral recess stenosis. He has decreased disc height with slight desiccation at L4-5 as well.

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

This claimant has a long standing history of low back pain secondary to reported electrocution on date of injury. The records indicate the claimant has undergone extensive conservative treatment without improvement. Initial imaging studies showed small disc protrusion at L4-5 without evidence of neural compression. The claimant has been treated for lumbar radiculopathy and lumbar facet disease without improvement. The most recent physical examination notes broad based disc herniation at L4-5 with mild hypertrophy of posterior element and mild bilateral foraminal stenosis and mild spinal stenosis without evidence of significant neural compressive lesion. EMG/NCV study notes evidence of left sided radiculitis with minor increase in insertional activity of left paraspinal musculature at L4-5 level. The most recent physical examination by Dr. I shows no evidence of atrophy in the calves, intact motor strength, symmetric reflexes, positive facet findings, positive findings of inflammation in left hip, intact heel / toe gait. Straight leg raise did not cause a true radiculopathy. When seen in follow-up two months later the claimant has very divergent physical examination with decreased lumbar range of motion. He is reported to have motor strength weakness in left tibialis anterior and left EHL. Reflexes were intact. He is reported to have antalgic gait, difficulty with heel walking, difficulty with toe walking, and positive straight leg raise as well as sensory loss in left L5 and S1 distributions. There is clear lack of consistency in serial examinations. Imaging studies do not show clear evidence of neurocompressive lesion. The request for lumbar laminectomy discectomy foraminotomy and partial facetectomy at L4-5 is not 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 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)