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Notice of Independent Review Decision

DATE OF REVIEW: 2-28-2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a bilateral decompressive lumbar laminectomy at L4-L5 level; 3 days of in-patient stay.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery.

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)

The reviewer agrees with the previous adverse determination regarding the bilateral decompressive lumbar laminectomy at L4-L5 level; 3 days of in-patient stay.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: MD and Inc.

These records consist of the following:

MDR paperwork including denials/determinations 1-11-2012, 2-2-2012 reports 2-1-2012, 3-8-2011, 4-7-2011, 3-29-2011, 3-18-2011, 3-17-2011, 3-15-2011, 3-11-2011, 3-10-2011, 3-9-2011, 3-8-2011,

Orthopedic Surgery Group reports 1-27-2012, 4-26-2011, 1-3-2012, 10-25-2011, 9-27-2011, 8-30-2011, 8-23-2011, 7-28-2011, 7-26-2011, 7-5-2011, 6-9-2011, 6-7-2011, 5-17-2011
Pain and Spine Center reports 12-20-2011, 11-29-2011

Summary

MRI report 3-30-2011

Request for Treatment Authorization Form

Specialty Hospital report 11-15-2011

MD reports 10-21-2011, 6-21-2011

MD report 4-26-2011

Prescription 4-26-2011

Guidelines used for review

reports 1-27-2012

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This male has complaints of severe back pain radiating down the RIGHT leg with associated numbness and tingling. The patient's original injury occurred trying to secure a 28 foot ladder on a bucket truck. The patient subsequently had an MRI on xx/xx/xx that noted multilevel spondylosis most prominent at L4-5 and L5-S1 with posterior annular tears at L2-3 and L3-4. A focal 4 mm posterior disc protrusion was noted at L3-4 and a broad-based posterior disc bulge at L4-5. Moderate spinal stenosis with mild thecal sac and descending nerve root impingement was noted at L3-4 and L4-5. At L5-S1 bilateral neuroforaminal narrowing with mild exiting nerve root impingement secondary to a disc bulge and facet hypertrophy was noted. The patient has been treated with physical therapy through Medical Center along with naproxen, and Ultram being prescribed. An electrodiagnostic study by Dr. April 26, 2011 noted primarily radiculopathy L5 on the RIGHT that was rather severe. The patient, post electrical studies, was requested to undergo epidural steroid injections which Dr. noted on November 29, 2011 provided 60-70% relief that only lasted 3 days. On December 20, 2011 Dr. saw the patient in follow-up and recommended surgical intervention. The previous Designated Doctor Evaluation by Dr. noted on physical examination positive Waddell for simulated rotation and non-physiologic sensory findings in the lower extremities. Deep tendon reflexes were symmetric and motor examination was intact. There were large patches of hip esthesia in a non-dermatomal distribution bilaterally. As of October 21, 2011 Dr. stated that the patient had reached MMI. When performing the electrical study, Dr. noted reduced LEFT ankle reflex with some deep palpation tenderness of the gluteus medius and maximus noted. The EMG though noted a RIGHT L5 radiculopathy that did not correlate with the reduced ankle reflex. Dr. noted May 17, 2011 physical exam findings of spasm in the back with increased tenderness especially on the RIGHT, trouble heel walking on the RIGHT but could toe walk. There was a positive straight leg raising at about 50° on the RIGHT reproducing pain in the back and down the leg. Some possible hyperreflexia of the RIGHT Achilles was noted. Dr. physical examination findings ongoing were basically unchanged. Dr. ongoing physical examination has failed to document specific focal neurological deficits other than indicating possible 4+ for RIGHT lower extremity strength that was effort dependent. Dr.

evaluated the patient August 30, 2011 noting complaints of back and radicular leg pain. The physical examination noted mild global decreased range of motion lumbar spine without significant pain. There was no motor weakness, sensory loss nor neurological asymmetries or abnormalities noted. Dr. noted due to the severe disc space collapse at L4-5 and with the patient's symptoms being in the L5 distribution from the stenosis a decompression was recommended.

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

Recommend denial of the requested bilateral decompressive lumbar laminectomy at L4-L5 level; 3 days of in-patient stay. The patient's complaints and electrodiagnostic studies were all right-sided which would not support a bilateral procedure. Reference ODG-Low Back Chapter-laminectomy/laminotomy.

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

- ACOEM- AMERICAN 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)**