

SENT VIA EMAIL OR FAX ON  
Dec/22/2011

## Applied Resolutions LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Dec/22/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
L4-5 Discectomy with 1 day LOS, Lumbar Spine; 63030 99231

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**  
Board Certified Orthopedic Surgeon (Joint)

**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**

OD Guidelines  
Request for IRO 12/07/11  
Utilization review determination 11/17/11  
Utilization review determination 12/07/11  
Clinical records Dr. dated 01/03/08 through 10/31/11  
Clinical records Dr. 01/06/11  
Procedure report 04/13/11  
MRI lumbar spine 03/23/09  
CT myelogram cervical and lumbar spine 10/05/10  
EMG/NCV study 01/06/11  
MRI lumbar spine 10/20/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. On 01/03/08 the claimant was seen by Dr. he's noted to be five years status post date of

injury with progressively increasing back and leg pain. He has historically had tremendous relief with epidural steroid injections. The most recent being performed in 10/06. He has recently undergone right rotator cuff surgery. The claimant was recommended to undergo repeat MRI which was performed on 03/23/09 which notes a broad based posterior diffuse disc bulge at L2-3 with mild narrowing of the inferior neural foramen bilaterally. At L4-5 there's a left sided disc bulge into the inferior neural foramen which contacts but does not displace the left exiting nerve root. At L4-5 there is significant enhancement or there is enhancement surrounding the left facet joint extending into the ligamentum flavum on the left consistent with recent surgery at this level. There's mild diffuse narrowing of the canal most pronounced at the posterior left aspect where there is asymmetric thickening of the ligamentum flavum there's a mild left sided disc bulging with surrounding enhancement suggesting the presence of some scar formation. This contacts but does not appear to displace or flatten the left sided L4 nerve root. CT myelogram was performed on 10/05/10 and notes disc herniations at L2-3 L3-4 and L4-5 the most prominent is at the L2-3. There appears to be at least mild lateral recess narrowing related to disc herniation of the passing roots both on the right and left although there is no amputation. At L3-4 the disc herniation produces no significant distortion of thecal sac or amputation. At L4-5 the left L5 nerve root is somewhat truncated in the filling and there is effacement of the dye around the passing L5 nerve root although amputation is not seen on the left. The right side nerve root sleeves appear to fill adequately. The sacral sleeves fill adequately. There are some mild degenerative facet changes most significantly at L4-5 and L5-S1. The claimant was seen in follow up or was seen by Dr. on 01/06/11. It's reported that the claimant underwent endoscopic discectomy for disc herniation at L5-S1. He did well until approximately six months ago and he now reports having numbness and burning at the bottom of the foot. Dr. i performed an EMG/NCV study. He's opined to have a mononeuropathy of the ankle consistent with tarsal tunnel syndrome that is moderately severe. There is no evidence of radiculopathy. Records indicate due to claimant's continued complaints he underwent a lumbar epidural steroid injection at L4-5 on the left on 04/13/11. It's reported that this injection helped for several weeks. His pain was not completely gone but he was able to exercise and get through it. His pain has subsequently recurred in an L5 distribution. He subsequently is recommended to undergo a discectomy. Dr. recommended an MRI due to reports of increasing symptoms. MRI dated 10/20/11 notes a 3.6mm disc bulge at L1-2 without significant stenosis a 5.8 concentric bulge at L2-3 with mild to moderate central canal stenosis moderate right and mild left foraminal stenosis at L3-4 there's a 5.5mm bulge which is asymmetrically greater to the left of the midline. There's mild central canal stenosis with moderate left lateral recess stenosis with mild posterior displacement of the left L4 nerve root relative to the right. There's mild to moderate foraminal stenosis greater on the left. At L4-5 there's a 5.5mm bulge superimposed left subarticular protrusion which measures 2.5mm transverse at its base and 8.3mm in combined AP thickness. This results in severe left lateral recess stenosis with some compression of the left L5 nerve roots and displacement posteromedially of the S1 nerve roots on the left. There's mild central canal stenosis there's mild to moderate bilateral foraminal stenosis. at L5-S1 there's a 2.5mm bulge with no significant central canal stenosis there's mild foraminal narrowing greater on the left due to asymmetric marginal osteophyte in the frontal region. The claimant subsequently was recommended to undergo an L4-5 discectomy.

The initial review was performed by Dr. on 11/17/11 who non-certified the request noting that the claimant has persistent low back pain with no clear documentation of a recent comprehensive clinical evaluation of the patient from a provider or treating physician that addresses the proposed surgery with a complete neurologic examination to include provocative tests of the lumbar spine. He notes the documented analysis of the recent electrodiagnostic studies of the bilateral lower extremities reveal an absence of lumbar spine radiculopathy.

The appeal request was reviewed on 12/07/11 by Dr. who non-certified the request and again reports there's no clear documentation of recent comprehensive clinical evaluation from a provider or treating physician that there is failure to objective document exhaustion of conservative treatment.

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

The request for L4-5 discectomy with one day LOS of the lumbar spine or with one day LOS is opined to be medically necessary and the previous utilization review determinations are overturned. The submitted clinical records indicate that the claimant has undergone extensive treatment for his low back complaints. He's been treated with oral medications physical therapy epidural steroid injections and endoscopic surgery. Most recent imaging studies indicate a recurrent L4-5 disc herniation that has resulted in severe left lateral recess stenosis with compression of a left L5 nerve roots and displacement posteromedially of the S1 nerve roots on the left. The data clearly indicates that the claimant has failed conservative treatment. He has clear evidence of surgical pathology that has not responded to conservative management as such the claimant as such the requested surgery is medically necessary and the previous utilization review determinations are 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)