

Notice of Independent Review Decision
REVISED REPORT
 Corrected date item #2 on page 2

REVIEWER'S REPORT

DATE OF REVIEW: 01/10/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assist.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering lumbar spine problems

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
722.10	63030		Prosp.						Upheld

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment.
2. Letters of denial 12/12/11, 12/07/11, 12/02/11, and UR documents, including criteria used in the denial.
3. Peer review report 12/08/11.
4. IRO report 10/27/11.
5. Radiology reports 11/02/11 & 06/24/10.
6. Treating doctor's OV documentation 08/01, 08/02, 09/20, 11/08, 11/09/2011.
7. NCV/EMG study 08/05/10.
8. FCE 04/05/11.
9. Neurosurgery H&P 10/27/10.
10. OV (unidentified specialty) 05/24/1006/28/10.
11. Chiropractic evaluation 06/27/11.
12. Spine/Rehab evaluation 06/14/11.

- 13. PT documentation 08/08/11 – 08/12/11.
- 14. Pain management treatment documentation 08/22/10 – 12/27/10.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a male who suffered a straining injury to the lumbosacral spines on xx/xx/xx while unloading furniture from a truck. The patient slipped, fell, and suffered straining injuries to his lumbosacral spine. He has had severe low back pain and bilateral leg pain subsequently. His extremity radiation pain is more severe on the left than on the right. He has been treated extensively with medications including non-steroidal anti-inflammatory medication. He has also undergone epidural steroid injections on several occasions. MRI scan of his lumbar spine reveals multiple levels of disc bulging without clear evidence of herniated nucleus pulposus. He has multiple levels of spondylosis.

He has received a number of recommendations for treatment. He has undergone chronic pain medical management. He has undergone individual and group therapy. EMG/nerve conduction studies reveal diffuse primarily sensory polyneuropathy. The patient smokes cigarettes and has been instructed to stop his cigarette smoking. However, there is no documentation that this has occurred. The recommendation to perform laminotomy/discectomy from the level L3 through S1 at multiple levels and instrumentation fusion has been considered on a number of occasions. It has been denied and reconsidered and denied.

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

Clear strong evidence of radiculopathy is not present. The patient does suffer degenerative disc disease at multiple levels. There is no clinical evidence of stenosis. The primary concern would be the number of levels that are involved; at least three levels of decompression, discectomy, and fusion would be involved. The patient's continued smoking does not bode well for a successful fusion. Under such circumstances, the criteria as published in the ODG are not met. It would appear that prior denial of this request to preauthorize laminectomy decompression from L3 through S1 with instrumentation fusion has been appropriate and should be upheld.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)