

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/30/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Recon Right L4/5 lateral microdiscectomy w/23 observation

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

10/17/11, 10/28/11

05/26/11-08/23/11

05/11/11-07/19/11

Radiographic report lumbar spine 05/26/11

MRI lumbar spine 05/26/11

08/25/11

08/17/11

Myocardial perfusion study 10/12/11

09/29/11, 10/14/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained an injury to his low back as a result of off loading a truck on xx/xx/xx. On 05/11/11 Dr. saw the claimant, who was noted to have developed low back pain that radiates down right lower extremity. He has been treated with medications, bed rest, ice and heat. His back is made worse with activity. He is noted to have type II diabetes and heart disease. His past surgical history includes cardiac catheterization with quad bypass and knee surgery. He is reported to have an antalgic gait with right-sided limp and decreased sensation in medial path. Reflexes are 2+ in bilateral lower extremities with exception of right patella, which is 1+. He has significant limitations in lumbar range of motion. He was referred for MRI and provided medications Norco and Zanaflex. MRI of lumbar spine dated 05/26/11 notes multilevel degenerative disc disease. At L1-2 there is mild bilateral facet hypertrophy with no significant central canal stenosis. At L3-4 there is a disc bulge with mild bilateral facet hypertrophy and hypertrophy of ligamentum flavum resulting in mild left neural foraminal stenosis and severe neural foraminal stenosis at right. This is secondary to foraminal disc protrusion on right, which exerts mass effect upon

exiting nerve root on right. At L4-5 there is disc desiccation and disc bulge present. The central canal stenosis is moderate. There is mild central canal stenosis on right. There is annular tear on left foraminal region. There is an associated foraminal disc protrusion, which exerts mass effect on exiting, left sided nerve root, and left sided neural foraminal stenosis is moderate. At L5-S1 there is a disc bulge present. The central canal stenosis is mild. There is annular tear and associated small disc protrusion involving left foraminal region with associated moderate left neural foraminal stenosis with no significant right neural foraminal stenosis. Radiographs of lumbar spine note small osteophytes seen in lower lumbar spine without disc narrowing. Dr. saw the claimant on 05/26/11. The claimant is reported to have had pain following L4 dermatome in right leg. There is no left sided pain. There is numbness on right.

Examination is difficulty secondary to pain, but there is no severe weakness. There is an L4 dermatomal sensory alteration. He has positive right straight leg raise and absent right knee jerk and diminished left knee jerk. L4 nerve root block and physical therapy were recommended. Dr. saw him on 07/19/11. He is reported to be no better. He has been on medications, which included Norco, muscle relaxant, and Lyrica. He is currently in physical therapy. His pain is increasing and radiating into the groin. Right L4 nerve root injection is recommended. There is right iliopsoas weakness. There is decreased sensation in right medial thigh. There is some increased fluid in right knee with tenderness to palpation. Straight leg raise is positive at 70-80 degrees. Gait is antalgic. Reflexes are 2+ and symmetric. Range of motion is limited due to pain and stiffness. He is tender to palpation in lumbar musculature.

On 08/17/11 the claimant underwent a lumbar transforaminal epidural steroid injection at L3-4 on the right. He is reported to have received complete pain relief for 30 min duration under local anesthetic, thereafter, the pain returned. He continues to have radiating pain, numbness, and weakness. On physical examination he has right quad weakness, right L4 dermatomal loss, absent patellar reflex on right, and the claimant was subsequently offered surgical intervention.

On 08/25/11 Dr. saw the claimant. Dr. notes that in post injection period the claimant has 80% relief. 3 hours post injection he had 50% relief, then no pain relief at all. He is noted to have give away weakness of quadriceps on right. He is reported to have visible atrophy. Knee jerk is absent bilaterally. Ankle jerks are absent bilaterally. He agrees with recommendation for decompressive laminectomy.

Dr. reviewed the case on 10/17/11. He noted that for recommendation of discectomy the patient must meet specific criteria to include previous involvement with conservative measures. He noted that while the clinical notes detail patient being involved in physical therapy, there is no documentation submitted for review regarding dates.

Dr. reviewed the appeal request on 10/28/11. Dr. noted that the patient has inconsistent reporting of level of injection that only gave short-term benefit. The patient has patellar reflex decrease on right, but there was no report of atrophy. The MRI showed there was L3-4 right neural foraminal stenosis and bit of left sided protrusion at L4-5. Yet, Dr. has proposed surgery to be completed at L4-5 on right. There is no report of electrodiagnostic study. He notes there is no reported atrophy.

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

This request is specific to L4-5 level where MRI is indicated, but there is mild central canal stenosis on right and annular tear on left foraminal region with protrusion which exerts its effect on exiting left sided nerve root. This is inconsistent with the claimant's clinical presentation for the requested surgery. There is a lack of correlation between imaging, subjective reports, and physical examination findings. While the claimant has failed conservative treatment, there is no indication that a focal lesion has been identified, and at present, the claimant would be a poor surgical candidate with clearly uncertain outcome. No EMG/NCV study is included to validate presence of radiculopathy and isolate the level of

pathology. The reviewer finds no medical necessity for Recon Right L4/5 lateral microdiscectomy w/23 observation.

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)