

# Core 400 LLC

An Independent Review Organization  
7000 N Mopac Expressway, Suite 200  
Austin, TX 78731  
Phone: (512) 772-2865  
Fax: (530) 687-8368  
Email: manager@core400.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jun/11/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Revision Lumbar laminectomy, foraminotomy, L4-5 on the left and L5-S1 bilaterally with 23-hour observation

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

M.D., Board Certified Neurosurgery

**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

Utilization review determination 05/07/12

Utilization review determination 05/16/12

Preauthorization request 05/02/12

Orthopedic report M.D. 02/17/99-04/25/12

Manuel muscle strength exam lumbar 04/25/12, 03/22/12, and 02/01/12

CT lumbar spine without contrast 04/02/12

MRI lumbar spine with and without contrast 02/20/12

Lumbar myelogram post CT 11/24/03

Needle EMG studies 04/11/03

Nerve conduction studies 03/18/03

X-rays chest lumbar spine 06/18/02

Lumbar discogram L2-3, L3-4, L4-5 and L5-S1 06/18/02

Lumbar myelogram with post CT 05/22/01

Operative report lumbar laminectomy L4, L5, S1, posterolateral fusion 07/08/03

Operative report intra discal electro thermal annuloplasty (IDET) L4-5, L5-S1 11/22/02

Reconsideration preauthorization request 05/14/12

Office notes M.D. 01/19/04 and 12/08/03

Office notes M.D. 10/03/01-05/23/02

Initial medical narrative report D.C. 10/27/98

Nuclear medicine Ceretec study 03/15/99

Bone scan 02/03/99

CT head with and without contrast 02/03/99

Operative report open reduction internal fixation left Ilium fracture 04/15/99

## **PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male whose date of injury is xx/xx/xx. He was repairing brakes on an 18-wheeler when the driver stepped into truck, started it, and drove off with the claimant underneath the truck. He held on as long as he could but was unable to hang on any longer. When he let go the 18-wheeler ran over left side of his body and caused the claimant to strike his head on the ground. The claimant had loss of consciousness and was taken to ER via life flight where he was found to have multiple rib fractures and left iliac lean fracture. The claimant underwent open reduction internal fixation left Ilium fracture on 04/15/99. The claimant also underwent IDET on 11/22/02. Operative report dated 07/08/03 indicated the claimant underwent redo laminectomy and posterolateral fusion at L4, L5, and S1. The claimant continued to complain of low back pain, and MRI was performed on 02/20/12. This study reported left L5-S1 lateral recess narrowing due to epidural fibrosis and left dorsal lateral osteophytes and annular disc bulging.

There is no central canal stenosis shown at this level. There is moderate encroachment of neural foramina . The exiting L5 nerve root sheaths are contacted but not frankly compressed. Lateral recess and neural foramina at L4-5 are moderately encroached secondary to osteophytes, annular disc bulging and bilateral facet osteoarthritis. No central canal stenosis was observed. Remote changes of L4 and L5 total laminectomies were also noted. The claimant was seen on 04/25/12 for follow-up of back and left hip injuries. Examination of the lumbar spine at this time revealed severe tenderness from the left lower lumbar region with decreased range of motion in all directions. Straight leg raise was highly positive on the left, negative on the right. The claimant experiences weakness in the EHL on the left and knee flexors and knee extensors on the left compared to the right. The claimant was unable to heel to toe walk, walk on toes and walk on heels due to pain in his low back. CT scan performed 04/02/12 revealed post-operative changes of L4 wide laminectomy and L5 left hemilaminectomy. There is normal alignment of the lumbar spine. There is possible compromise of the bilateral L5 nerve roots. At L5 there is left lateral recess scar versus recurrent herniation at L5-S1 contacting the left S1 nerve roots in the lateral recess. Facet hypertrophy contributes to moderate bilateral foraminal stenosis. The canal is patent. Dr. reports that the claimant has exhausted physical therapy and oral anti-inflammatories with only temporary relief. Neurologic findings on physical examination were noted as increasing in nature and the claimant was recommended to undergo revision lumbar laminectomy with foraminotomy at L4-5 on the left and L5-S1 bilaterally.

A request for revision lumbar laminectomy, foraminotomy L4-5 on the left and L5-S1 bilaterally was denied per utilization review dated 05/07/12. It was noted that laminectomy may be indicated for nerve decompression but in this case the films were read by the radiologist and did not document nerve compression. Specifically at L4-5 there is no foraminal encroachment based on MRI where the radiologist specifically says there is no L4 root compression. In addition the lumbar CT scan states the canal and foramina are patent at L4-5. Additionally MRI noted there was no frank compression at L5-S1 therefore decompression would not be indicated. It was further noted that the examination is unclear as to the degree of weakness. The claimant was noted to have had left EHL weakness for more than a year, but the amount of weakness is not documented.

A reconsideration/appeal request was denied per utilization review dated 05/16/12. It was noted that there is no documentation that the claimant has undergone any recent conservative treatment to include injections and/or physical therapy and therefore the request for surgery is not medically necessary.

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

The claimant originally was injured in xxxx. He has undergone multiple surgeries including ORIF left ilium fracture in 1999; two level IDET L4-5, L5-S1 11/22/02; and redo lumbar laminectomy L4, L5, S1 with posterolateral fusion on 07/08/03. The claimant continues to complain of low back pain. He was noted to experience weakness in the left lower extremity compared to the right, but this was not otherwise quantified. An MRI of the lumbar spine on 02/20/12 revealed post-operative changes, with epidural fibrosis seen at L5-S1, but no central canal stenosis. The exiting L5 nerve root sheaths are contacted but not frankly

compressed at this level. At L4-5 the lateral recess and neural foramina are moderately encroached secondary to osteophytes, annular disc bulging and bilateral facet osteoarthritis with no central canal stenosis observed. More recently CT scan of the lumbar spine on 04/02/12 revealed post-operative changes with wide L4 hemilaminectomy but no evidence of disc bulge/herniation. The canal and neural foramina are patent at this level. At L5-S1 there is left hemilaminectomy with blunting of the left subarticular epidural fat suggesting scar tissue versus recurrent disc herniation contacting the left S1 nerve root in the lateral recess. There is no documentation of recent conservative care including physical therapy, epidural steroid injections, or other conservative measures. The guidelines have not been met. The reviewer finds no medical necessity for Revision Lumbar laminectomy, foraminotomy, L4-5 on the left and L5-S1 bilaterally with 23-hour 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)