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Notice of Independent Review Decision

DATE OF REVIEW: 03/07/2012

IRO CASE#:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpt L2-3 L3-4 Re-exploration Laminectomy LOS unknown

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

Orthopedic Spine surgeon, Practicing Neurosurgeon.

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

 x Overturned (Disagree)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. IRO referral documents
2. Authorization request form
3. CT lumbar spine 05/08/09
4. Work absence status report
5. Patient treatment and medication history 06/08/09
6. MRI lumbar spine 06/08/09
7. Approval of coverage for planned surgery 06/12/09
8. Clinic note (undated)
9. Operative report L3-4 laminectomy, decompression of the thecal sac and the cauda equina and right sided L3-4 discectomy 06/16/09
10. History and physical 06/16/09
11. Post-op progress notes 07/17/09 and 08/21/09
12. Work absence status report
13. Office note 12/16/11
14. Office note 10/19/11
15. Radiology report x-rays lumbar spine three views 10/19/11
16. MRI lumbar spine 11/01/11
17. Office note 12/16/11
18. Utilization review non-authorization determination 02/06/12
19. Utilization review non-authorization for appeal 02/16/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained a lifting injury to the low back on xx/xx/xx. He is noted to have a history of previous L3-4 laminectomy, decompression of the thecal sac and cauda equina and right sided L3-4 discectomy performed 06/16/09. MRI performed on 11/01/11 revealed lumbar disc and facet degeneration. There is a right paracentral and foraminal disc extrusion posterior to the right aspect of the L3 vertebral body and extending into the right neural foramen at L3. There is prominent mass effect on the right L3 nerve root within the lateral recess and foramen. Disc extrusion presumably originates from the L2-3 disc. This appears sequestered. The claimant was seen by on 12/16/11 and was noted to have had two and a half months now of pain, sensory changes and weakness that mask an L3 pattern. It radiates around his hips and sometimes into the groin, anterior thigh and medial side of the knee but not really down below the knee. It was noted the claimant has been treated with various non-steroidal anti-inflammatories and Neurontin. He was noted to have gotten relief of pain but now has severe weakness. MRI was reviewed and noted to show a large herniated disc. Per radiology report there is a broad based disc bulge at L2-3 with superimposed central disc herniation with extrusion of disc material caudally. The extrusion measures 1.4cm transverse by 7mm AP by 2cm cranial caudal. This occupies the right side of the canal, obliterates the right L3-4 neural foramen. It was noted that the claimant has difficulty lifting his leg, difficulty going upstairs with the right leg due to quadriceps weakness. He can hardly lift his foot off the gas pedal because of iliopsoas weakness. He does not have weakness of L4, his dorsiflexors of the ankle or the EHL. He has decreased sensation in the anterior thigh along with a diminished patellar deep tendon reflex and weakness in the iliopsoas and quadriceps on the right. The claimant was recommended to undergo surgical decompression with L2-3 laminectomy and possibly all the way to the L3-4 level to completely decompress the L3 root.

A utilization review dated 02/06/12 non-authorized the request for L2-3 L3-4 exploration laminectomy LOS unknown. The reviewer noted that the proposed surgery can be considered reasonable per guidelines if there is radiculopathy in a pattern diagnosis and consistent with imaging studies. Furthermore there should be documentation of conservative care prior to going into surgery. Medical records demonstrate this claimant has had non-steroidal anti-inflammatories. It does not document other significant current conservative care, and as such the request does not meet current guidelines.

A utilization review determination dated 02/16/12 non-authorized the appeal request for inpatient L2-3 L3-4 re-exploration laminectomy LOS unknown. It was noted that the claimant is status post L3-4 laminectomy, decompression on 06/16/09. The reviewer noted a more recent comprehensive physical examination with neurologic assessment and special orthopedic tests from the requesting physician was not provided. There was no objective documentation regarding failure of response to evidence based conservative modalities such as physical therapy, injections and medications. There were no serial physical therapy progress notes to determine functional progress. Medication logs with VAS scoring were not stated. Psychological evaluation report was not provided for review. Hence medical necessity of the requested service has not been established, and consequently request for hospital stay is not substantiated.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL:

Based on the clinical information provided, the request for inpatient L2-3 L3-4 reexploration laminectomy LOS unknown is recommended as medically necessary. The claimant has a history of previous L3-4 laminectomy decompression performed 06/16/09. He subsequently sustained a lifting injury on 10/04/11 and complains of back pain radiating around the hips and into the groin, anterior thigh and medial side of the right lower extremity but not below the knee. MRI of the lumbar spine on 11/01/11 revealed a broad based disc bulge with superimposed central disc herniation at L2-3 with extrusion of disc material caudally residing posterior to the L3 vertebral body to the right of midline and extending somewhat into the right L3 neural foramen and causing obliteration of the right lateral recess of the traversing right L3 nerve root. The extrusion measures 1.4cm transverse by 7mm AP by 2cm cranial caudal. At L3-4 the right foramen is impinged upon by the disc extrusion/sequestration from the above level. The claimant is noted to have severe weakness of the right lower extremity which is consistent with the imaging study

findings. Given the extent of pathology identified on MRI, further conservative care is unlikely to be of benefit, and surgical intervention is indicated as medically necessary.

BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Official Disability Guidelines low back chapter

ODG Indications for Surgery™ -- Discectomy/laminectomy --

Required symptoms/findings; imaging studies; & conservative treatments below:

I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging.

Findings require ONE of the following:

- A. L3 nerve root compression, requiring ONE of the following:
 - 1. Severe unilateral quadriceps weakness/mild atrophy
 - 2. Mild-to-moderate unilateral quadriceps weakness
 - 3. Unilateral hip/thigh/knee pain
- B. L4 nerve root compression, requiring ONE of the following:
 - 1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
 - 2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
 - 3. Unilateral hip/thigh/knee/medial pain
- C. L5 nerve root compression, requiring ONE of the following:
 - 1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
 - 2. Mild-to-moderate foot/toe/dorsiflexor weakness
 - 3. Unilateral hip/lateral thigh/knee pain
- D. S1 nerve root compression, requiring ONE of the following:
 - 1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy
 - 2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness
 - 3. Unilateral buttock/posterior thigh/calf pain

(EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)

II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:

- A. Nerve root compression (L3, L4, L5, or S1)
- B. Lateral disc rupture
- C. Lateral recess stenosis

Diagnostic imaging modalities, requiring ONE of the following:

- 1. MR imaging
- 2. CT scanning
- 3. Myelography
- 4. CT myelography & X-Ray

III. Conservative Treatments, requiring ALL of the following:

- A. Activity modification (not bed rest) after patient education (>= 2 months)
- B. Drug therapy, requiring at least ONE of the following:
 - 1. NSAID drug therapy
 - 2. Other analgesic therapy
 - 3. Muscle relaxants
 - 4. Epidural Steroid Injection (ESI)
- C. Support provider referral, requiring at least ONE of the following (in order of priority):
 - 1. Physical therapy (teach home exercise/stretching)
 - 2. Manual therapy (chiropractor or massage therapist)
 - 3. Psychological screening that could affect surgical outcome

4. [Back school](#) ([Fisher, 2004](#))

For average hospital LOS after criteria are met, see [Hospital length of stay](#) (LOS).

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED
MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES