

SENT VIA EMAIL OR FAX ON
Mar/14/2012

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/13/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L3/4 Laminectomy, Re-Decompression of L5/S1; Inpatient Hospital Stay 2 days

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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Overturned for re-decompression at L5-S1

Upheld for L3-4 laminectomy

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Request for IRO dated 03/01/12

Utilization review determination dated 03/08/12

Utilization review determination dated 02/27/12

Clinical records Dr. dated 03/08/06-02/14/12

MRI lumbar spine dated 09/20/11

MRI lumbar spine dated 08/05/11

Psychiatric evaluation dated 01/12/12

MRI lumbar spine dated 08/07/11

MRI lumbar spine dated 06/29/09

CT lumbar spine dated 06/29/09

Procedure report dated 09/07/10

Procedure report dated 08/11/09

Procedure report dated 08/02/07

Operative report dated 12/01/05

Discharge summary dated 12/04/05

Procedure report dated 06/30/05

Procedure report dated 07/30/04

Notice of IRO decision dated 03/07/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx.

Records indicate the claimant initially underwent decompression at L5-S1. He is later noted to have undergone a redo left L5-S1 hemilaminectomy with neural foraminotomy and posterior lumbar fusion at L5-S1 on 12/01/05. Records indicate postoperatively the claimant had continued back pain with radicular type symptoms and periodically received epidural steroid injections. Most recent imaging studies dated 09/20/11 indicate laminectomy and interbody fusion grafting at L5-S1. Hardware is intact. There is wide patency to canal. There are osteophytic changes and disc bulging producing moderately severe foraminal stenosis on left and moderately severe foraminal

stenosis on right. There are multifactorial changes at L4-5. Records indicate the claimant has been under care of Dr.. He is noted to have history of right lower extremity DVT treated with Coumadin with post DVT lymphedema. Per clinic note dated 09/27/11 the claimant is reported to be pending placement of vena cava filter. He is reported to have developed adjacent segment disease at L4-5 with severe spinal canal stenosis. He is reported to be status post epidural steroid injection which gave him 100% low back pain relief and 80% lower extremity relief. He subsequently wishes to undergo additional surgical intervention. He was referred for psychiatric evaluation and cleared.

The initial review was performed on 02/08/12 by Dr. who non-certified the request. A subsequent appeal request was performed on 02/27/11. This was reviewed by Dr. who non-certified the request noting that the claimant has complaints of bilateral lower extremity radicular pain going into the anterior and anterolateral right thigh and that there is a positive straight leg raise on the right a diminished right Achilles reflex no motor examination was provided he's reported to have a history of neurogenic claudication. The claimant is reported to have developed re-stenosis of the right at L5-S1 neural foramina and hypertrophic bone formation and significant spinal canal stenosis at L3-4 and L4-5. He notes however that MRI of the lumbar spine demonstrated at L3-4 facet arthrosis with a minimal disc bulge and no focal neural impingement or canal or foraminal stenosis at L5-S1 or at L4-5 there is ligamentum flavum hypertrophy with osteophytic ridging and disc bulging producing moderate to severe canal and foraminal stenosis. At L5-S1 there is laminectomy with interbody graft enhancing encircling epidural fibrosis with wide patency of the canal and foramina with graft in good position. He notes that given the claimant's subjective and objective findings consistent with radiculopathy and neurogenic claudication imaging evidence of severe canal foraminal stenosis at L4-5 and severe foraminal stenosis at L5-S1 there are definite indications for decompression. He notes there is no canal or foraminal stenosis at L3-4. He was unable to reach the treating provider to discuss case modification and therefore non-certified the request.

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

The request for L3-4 laminectomy and decompression at L5-S1 with inpatient hospital stay two days is not wholly supported by the submitted clinical information and the previous utilization review determinations are partially upheld. The submitted clinical records indicate that the claimant has a history of an L5-S1 fusion with evidence of neural foraminal stenosis at L5-S1. There's evidence of significant stenosis at the L4-5 level on imaging studies and minimal stenosis or findings at the L3-4 level. The records indicate that the claimant has undergone conservative treatment without improvement however there is the clear lack of clinical information to establish the medical necessity for laminectomy at the L3-4 level. There's sufficient data to establish the need for re-decompression at L5-S1. Based upon the available data the previous determinations are judged appropriate. It is therefore recommended for a partial approval for redo decompression at the L5-S1 level.

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)