

SENT VIA EMAIL OR FAX ON
Mar/09/2012

Applied Resolutions LLC

An Independent Review Organization
900 N. Walnut Creek Suite 100 PMB 290
Mansfield, TX 76063
Phone: (214) 329-9005
Fax: (512) 853-4329
Email: manager@applied-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/09/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Laminectomy L3-L5 with 1 day inpatient stay

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

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

OD Guidelines

Preauthorization review report 01/24/12

Preauthorization review report 02/02/12

Clinic notes Dr. 12/20/10-01/09/12

X-rays lumbar spine flexion / extension 07/29/11

CT myelogram lumbar spine 02/18/11

CT myelogram cervical spine 05/10/11

Procedure report epidural steroid injection left L4-5 01/14/11

Psychological evaluation 07/29 and 08/09/11

MRI C-spine and L-spine 12/08/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured on xx/xx/xx when he fell through floor and had onset of posterior cervical and interscapular pain with bilateral shoulder and arm pain, particularly on left. He also had lumbar pain with bilateral hip and leg pain much worse on left side. Initial treatment included physical therapy and water therapy, medications, and injections. MRI scans of cervical and lumbar spine were performed on 12/08/10. Cervical spine MRI revealed broad based disc osteophyte complex at C4-5, C5-6 and C6-7. Lumbar spine MRI reported broad based disc bulge at L3-4 with prominent left intraforaminal component with left sided foraminal narrowing. At L4-5 there is small left paracentral disc protrusion causing moderate to severe left lateral recess stenosis, with prominent intraforaminal component causing severe left sided neural foraminal narrowing. At L5-S1 there is broad based disc osteophyte complex with no significant canal or neural foraminal stenosis noted. CT myelogram of lumbar spine performed 02/18/11 revealed L3-4 asymmetrical bulging of the disc causing moderate encroachment upon right neural foramen and anterior aspect of dural sac and prominent encroachment upon left anterolateral aspect of dural sac and left neural

foramina. There is thickening of the ligamentum flavum posteriorly. These findings cause moderate spinal canal stenosis and moderate right sided foraminal stenosis, and prominent left sided foraminal stenosis. At L4-5 there is moderate broad based disc bulging causing moderate encroachment upon anterior aspect of dural sac and neural foramina. Facet joint laxity is noted. Thickening of ligamentum flavum is present. Findings cause prominent spinal canal stenosis and moderate bilateral foraminal stenosis. Dr. recommended the claimant undergo lumbar laminectomy L3-5.

A preauthorization request for lumbar laminectomy L3-5 with one day inpatient stay was reviewed by Dr. on 01/24/12. Dr. determined the request is non-certified. The clinician has not documented any recent objective physical examination findings to support the request for an L3-5 laminectomy. Without objective physical examination findings of a more recent nature the request is not supported. Guidelines indicate radiculopathy must be documented on physical examination with weakness, loss of reflexes or loss of strength in a specific myotome or dermatome. The claimant may have physical examination findings unchanged however they must be updated to support this procedure.

An appeal request for lumbar laminectomy L3-5 with one day inpatient stay was reviewed by Dr. on 02/02/12 who noted that the claimant has been complaining of ongoing low back pain with a noted radiculopathy component in the lower extremities. Evidence based guidelines recommend laminectomy in the lumbar region provided the claimant meets specific criteria to include significant clinical findings at the appropriate distribution and imaging studies confirming the claimant's neurocompressive findings as well as exhaustion of conservative treatments. There is mention in the clinical notes regarding the claimant's CT myelogram, but actual results were not submitted for review. Given the lack of information regarding results of CT myelogram confirming neurocompressive findings at the appropriate level request does not meet guidelines recommendations.

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

Medical necessity is established for L3-5 lumbar laminectomy with one day inpatient stay based on the clinical data provided for review. The claimant is noted to have sustained an injury on 10/29/10 secondary to a fall. He was treated conservatively with medications, therapy and epidural steroid injection without resolution of symptoms. Examination on 12/20/10 reported straight leg raise on the right side at 60 degrees refers pain to the left hip and leg. Straight leg raise is positive on the left at less than 45 degrees. Deep tendon reflexes were absent in the lower extremities. There was some weakness in the left quadriceps and left foot and great toe dorsiflexion, and decreased sensation in the L4 and L5 dermatomes on the left side. The CT myelogram performed 02/18/11 revealed L3-4 asymmetrical bulging of the disc causing moderate encroachment upon right neural foramen and anterior aspect of dural sac and prominent encroachment upon left anterolateral aspect of dural sac and left neural foramina. There is thickening of the ligamentum flavum posteriorly. These findings cause moderate spinal canal stenosis and moderate right sided foraminal stenosis, and prominent left sided foraminal stenosis. At L4-5 there is moderate broad based disc bulging causing moderate encroachment upon anterior aspect of dural sac and neural foramina. Facet joint laxity is noted. Thickening of ligamentum flavum is present. Findings cause prominent spinal canal stenosis and moderate bilateral foraminal stenosis. Per ODG, lumbar laminectomy is recommended for lumbar spinal stenosis. The claimant has objective findings on imaging of significant stenosis at L3-4 and L4-5. He has failed an appropriate course of conservative care. Based on the clinical data provided, the proposed surgical procedure is indicated as medically necessary.

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)