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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/05/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Laminectomy & Discectomy L4-5 with 1-2 day inpatient stay

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

ODG

Request for IRO 02/14/12

Utilization review determination 01/13/12

Utilization review determination 02/08/12

Clinical records 02/02/11-01/10/12

Peer review report 08/19/10

Clinical records 01/28/10

MRI lumbar spine 11/14/11

EMG/NCV study 01/14/10

Psychiatric evaluation 03/01/10

Radiographic report lumbar spine 06/10/10

Clinical records 09/14/09-01/23/12

MRI lumbar spine 02/12/09

MRI lumbar spine 05/23/09

MRI lumbar spine with and without contrast 10/06/09

Operative report 05/26/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have been involved in a motor vehicle accident on xx/xx/xx. Records indicate that the claimant received conservative management consisting of oral medications physical therapy epidural steroid injections activity modification. She was ultimately taken to surgery and underwent a left minimally invasive foraminotomy discectomy and laminectomy on 05/26/09. Post-operatively the claimant was noted to have continued pain. She received additional conservative management. She was ultimately referred for psychiatric evaluation, which found her to be a suitable candidate for additional surgery. The record includes an EMG/NCV study dated 01/14/10, which indicates a bilateral L5 radiculopathy that was subacute to chronic at this time. Records indicate that the claimant's current medication profile includes Neurontin Norco 7.5 325 Naprosyn. He is noted to have positive straight leg raise on the right at 10 degrees decreased EHL EDL

strength on the right diminished reflexes bilaterally with a right antalgic gait. The claimant was referred for repeat MRI of the lumbar spine on 01/14/11 which notes a large right paracentral disc extrusion at L4-5 with an extruded disc fragment extending into the posterior aspect of the L5 vertebral body on the right extending approximately 1cm caudad. There is a right anterior lateral indentation of the thecal sac with posterior displacement of the right L5 nerve root the spinal canal is patent. There is a minimal on mild generalized disc bulge demonstrated L5-S1 with minimal anterior indentation of the thecal sac without nerve root displacement or impingement. There is a slight loss of disc height present at L4-5 and L5-S1 compatible with degenerative disease.

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

The reviewer finds that Lumbar Laminectomy & Discectomy L4-5 with 1-2 day inpatient stay is medically necessary. This claimant has a history of L5-S1 disc herniation and subsequent surgical treatment. Postoperatively, she developed recurrent low back pain without significant improvement with conservative treatment. The submitted imaging study indicates seemingly large disc herniation at L4-5 with caudal extension of extruded disc fragment which extends approximately 6 mm into spinal canal with posterior displacement of right L5 nerve root. The imaging studies are consistent with claimant's clinical presentation. She has not responded to conservative treatment. The reviewer agrees with the provider that conservative treatment would be of no benefit to disc herniation of this size. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned.

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)