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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/04/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L3-S1 lumbar laminectomy, discectomy with a 2-day length of stay

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

M.D., Board Certified Orthopedic Spine Surgeon and 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines and Treatment Guidelines

Request for IRO dated 04/16/12

Utilization review determination dated 04/05/12

Utilization review determination dated 04/11/12

MRI lumbar spine dated 07/29/11

Clinic note D.C. dated 09/27/11

Letter Dr. dated 09/21/11

EMG 10/15/11

Psychological evaluation dated 03/06/12

Clinical records Dr. dated 11/29/11, 11/30/11, and 03/27/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have sustained work related injuries to her low back. She received chiropractic care from D.C. She was referred for MRI of lumbar spine on 07/29/11. This study notes no abnormalities at L1-2 and L2-3. At L3-4 there is left posterolateral disc bulge measuring 3 mm with mild left neural canal narrowing. At L4-5 there is posterior central disc bulge with bilateral facet prominence. At L5-S1 there is posterior central disc bulge. She was referred for EMG/NCV study, which was performed on 10/13/11. This study notes increased insertional activity from L4-S1 in paraspinals bilaterally with occasional polyphasics suggesting acute irritability in bilateral L4, L5 and S1 motor roots. The record includes psychological evaluation dated 03/06/12, which notes current medications include Hydrocodone and Ibuprofen. BDI was 13. BAI was 14. She is judged to be a good risk for surgical intervention. The record includes flexion/extension radiographs dated 03/23/12. This study notes that on flexion/extension views there is 3 mm of anterolisthesis of L4 on L5 and 3.5 mm of anterolisthesis at L3-4 with neutral alignment at both levels in extension.

She was referred to Dr. on 11/29/11 with complaints of low back pain and right leg pain after failure of conservative treatment. She has participated in exercise program, chiropractic care, medications and epidural steroid injections. EMG/NCV is abnormal at L4, L5 and S1. She has positive Spring test, positive Extensor lag, positive sciatic notch tenderness, positive Flip test, positive Lasegue's at 45 degrees, positive contralateral straight leg raise at 75 degrees, positive Braggard's on right, hypoactive knee jerk on right, absent posterior tibial tendon jerks bilaterally, hypoactive ankle jerk on right, weakness of EHL, gastrocsoleus and quadriceps on right and paresthesias in L4, L5, and S1 nerve root distributions on right. She is opined to have clinical instability. Discectomy at L3-4 and L4-5 with decompression and discectomy with instrumented arthrodesis global in nature at L5-S1 was recommended.

She saw Dr. on 02/21/12. She has continued low back pain with radiation into lower extremities and wants to proceed with surgical intervention. Her physical examination remains unchanged. She is opined to have instability at L5-S1 level. She is recommended to undergo decompression discectomy at L3-4 and L4-5 and L5-S1 with instrumented arthrodesis at L5-S1 level. The most recent clinical note is dated 03/27/12. Outside flexion extension views were requested by the insurance company and were available for review. Dr. notes state the claimant has functional spinal unit collapse at L5-S1 with a posterior column deficit, facet subluxation, and foraminal stenosis. He opines she has 9mm of collapse.

A review was performed on 04/05/12 by Dr. who non-certified the request and cites the Official Disability Guidelines requirements for laminectomy and discectomy. He notes that MRI showed a left posterolateral disc bulge at L3-4, which is only 3mm and posterior central bulges at L4-5 and L5-S1 with no instability on MRI. He notes that there is no documentation of any medication that the claimant has been taking and denied the request. Another review was performed on 04/11/12 by Dr. who noted that the clinical notes indicate laminotomy and discectomy at L3/4, L4/5, L5/S1 with decompression discectomy with instrumented arthrodesis global in nature at L5-S1. He notes that fusion would not be recommended secondary to the fact that fusion should be limited to two levels. He subsequently finds that fusion is not clinically indicated. Because the request appears to involve all three levels with potential fusion, he denied the procedure.

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

Of note, the clinical records suggest that the actual request is for L3-4, L4-5 laminectomy and discectomy to be followed with a global fusion at the L5-S1 level with a two day length of stay.

The stated request on the 4/11/12 denial letter is L3-S1 lumbar laminectomy, discectomy with a 2-day length of stay.

This claimant has a history of low back pain with radiation into the right lower extremity. These findings or these subjective complaints do not correlate with the MRI dated 07/29/11. This study notes a left posterolateral disc bulge at L3-4 with mild left neural foraminal narrowing. It further reveals posterior central disc bulges at L4-5 and L5-S1. These findings on MRI would not account for the claimant's subjective complaints of right lower extremity radicular symptoms. Additionally, the claimant was referred for EMG/NCV study on 10/13/11. This study notes electrodiagnostic evidence of increased insertional activity from L4 through S1 bilaterally with occasional polyphasic. However, the claimant only reports or only has subjective complaints involving the right lower extremity. Therefore, the electrodiagnostic study does not correlate either with imaging or the claimant's subjective complaints. It is noted that the claimant has undergone pre-operative psychiatric evaluation and she was cleared per independent lumbar flexion and extension radiographs performed on 03/23/12. The claimant would not meet criteria per the AMA guidelines for instability. She is noted to have 3mm in anterolisthesis at L4-5 and 3.5mm of anterolisthesis at L3-4 with no evidence of translation at the L5-S1 segment. Therefore, there would be no clinical indication for the performance of a fusion procedure as abnormal translation is defined as greater than 4.5mm

and there is no noted instability at the L5-S1 level to establish the necessity for arthrodesis at this level. Based on the lack of correlation between the data provided, the claimant is not a surgical candidate for either decompression or discectomy L3-S1 or for global fusion at the L5-S1 level. Based upon the ODG, the reviewer finds medical necessity is not established for L3-S1 lumbar laminectomy, discectomy with a 2-day length of stay.

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)