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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/24/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Microendoscopic Decompression Left L5-S1 Laminectomy

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

M.D., Board Certified Orthopedic Surgery

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds medical necessity exists for the requested Microendoscopic Decompression Left L5-S1 Laminectomy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Chiropractic notes 09/30/11-07/13/12
EMG/NCV study dated 12/14/11
MRI of lumbar spine dated 01/11/12
Visit notes dated 04/16/12-06/11/12
Initial office visit and follow up 05/07/12 and 07/30/12
Preauthorization report and notification dated 08/07/12
Appeal preauthorization report and notification dated 08/28/12
Medical invoice and order group summaries various dates

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whose date of injury is xx/xx/xx. He twisted and experienced onset of low back pain and left lower extremity pain. Treatment to date has included chiropractic care, medications, physical therapy, home exercise program, and epidural steroid injections. MRI of the lumbar spine on 01/11/12 revealed extruded left paracentral disc herniation at L5-S1 with moderate compression of the left S1 nerve root and mild compression of the right S1 nerve root; broad-based disc herniation at L4-5 with mild compression of both L5 nerve roots in the lateral recesses. Electrodiagnostic testing on 12/14/11 revealed evidence of L4, L5, and S1 radiculopathies on the left with the L4 changes appearing more chronic and the L5 root being most acutely involved. There was minimal involvement of the S1 on the left. There is greater involvement of the S1 on the right with some L5 involvement as well. The claimant was seen for surgical consultation on 05/07/12. On examination, the claimant was noted to be 6' tall and 215 lbs. He has left posterior iliac spine and left-sided notch tenderness. He can forward flex to 85 degrees with mild dysrhythmia. Neurologic exam revealed 5+/5+ motor strength with some decreased S1 sensation. He has 0-1+ diminished

reflexes, left side. Left-sided straight leg raise was to 45 degrees. Clonus was negative. Toe/heel walk was fair. There was full range of motion of the hips. It was felt that the claimant was primarily symptomatic of an L5-S1 HNP with foraminal narrowing and root compression. The claimant was scheduled to have 2 epidural injections. Records indicate that the claimant had no significant improvement following epidural injections x2. Examination on 07/30/12 reported left-sided notch tenderness with decreased S1 sensation. There was fair toe/heel walk. There was a left-sided straight leg raise to 45 degrees. Decompression of the left L5-S1 level was recommended.

A pre-authorization request for microendoscopic decompression left L5-S1 laminectomy was non-authorized per review dated 08/07/12 noting that the submitted clinical records consisted of a partial clinical note dated 05/07/12 and EMG/NCV study dated 12/14/11. There was no supporting documentation to establish failure of conservative management, and lack of imaging studies, and the request could not be supported as medically necessary.

An appeal request for microendoscopic decompression left L5-S1 laminectomy was non-authorized per report dated 08/28/12. It was noted that the submitted clinical records indicate that the claimant has low back pain with left lower extremity radiculopathy. He has undergone EMG/NCV, which indicates left L4, L5, and S1 radiculopathy. Imaging studies indicate the presence of compressive pathology at L4-5 and L5-S1. Physical examination was supportive of findings at the L5-S1 level. The reviewer noted it was unclear if the planned procedure would adequately address all pathology as there is evidence of compression of the L5 nerve root as supported by electrodiagnostic studies.

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

The claimant sustained a lifting/twisting injury to the low back on xx/xx/xx. He failed to improve with conservative care including chiropractic treatment, medications, physical therapy/HEP, and epidural steroid injections. MRI revealed extruded left paracentral disc herniation at L5-S1 with moderate compression of the left S1 nerve root and mild compression of the right S1 nerve root. There is a broad-based disc herniation at L4-5 with mild compression of both L5 nerve roots in the lateral recesses. Electrodiagnostic testing revealed evidence of L4, L5, and S1 radiculopathy on the left with the L4 changes appearing more chronic and L5 being most acutely involved. Examination revealed normal motor strength with some decreased S1 sensation and diminished reflexes on the left side. Straight leg raise was positive to 45 degrees. The claimant's clinical presentation is consistent with disc pathology at the L5-S1 level, and surgical intervention is warranted at this level. As such, the reviewer finds medical necessity exists for the requested Microendoscopic Decompression Left L5-S1 Laminectomy.

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)