

CASEREVIEW

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Notice of Independent Review Decision

Date notice sent to all parties: August 28, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Laminectomy & Discectomy @ L4-5/L4-L5-S1 63047, 63048, 20926, 22114

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

This physician is a Board Certified Neurological Surgeon with over 16 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

09/07/11: Physical Medicine/Rehab Report
09/08/11: Physical Medicine/Rehab Report
09/09/11: Physical Medicine/Rehab Report
09/12/11: Physical Medicine/Rehab Report
09/14/11: Physical Medicine/Rehab Report
09/16/11: Physical Medicine/Rehab Report
09/19/11: Physical Medicine/Rehab Report
09/21/11: Physical Medicine/Rehab Report
09/23/11: Physical Medicine/Rehab Report
09/26/11: Physical Medicine/Rehab Report
09/26/11: MRI of the Thoracic Spine interpreted
09/27/11: MRI of the Lumbar Spine interpreted
09/28/11: Physical Medicine/Rehab Report
10/06/11: Evaluation
10/20/11: Evaluation
11/10/11: Evaluation
12/08/11: Evaluation
12/13/11: Operative Report

01/05/12: Evaluation
01/19/12: Evaluation
02/23/12: Evaluation
03/29/12: Evaluation
04/30/12: Designated Doctor Evaluation
05/01/12: Evaluation
05/15/12: Evaluation
06/12/12: Evaluation
06/26/12: Evaluation
07/10/12: Evaluation
07/13/12: UR performed
07/24/12: Evaluation
08/07/12: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant is a male who had a work related injury on xx/xx/xx when he was involved in a car accident. Following the accident, he began having pain on his upper and lower back. He was initially treated with physical therapy.

On September 27, 2011, MRI of the Lumbar Spine, Impression: 1. Sub-acute compression fracture of the L2 vertebral body with marrow edema and depression of the endplates showing 25% loss of the vertebral height. No evidence of any retropulsion or loose bony fragments. The posterior longitudinal ligament is intact. Findings are compatible with stable compression fracture. 2. At L4-5, there is diffuse disc herniation with posterocentral extrusion by approximately 9mm, with ligamentum flavum thickening and facet joint changes causing moderate to severe narrowing of spinal canal and mild to moderate narrowing of bilateral neural foramina. 3. At L5-S1, there is acute annular tear, diffuse disc herniation of size 4 mm causing mild narrowing of spinal canal and bilateral neural foramina. 4. Incidental Tarlov s cysts at S1, S2 and S3 levels in the spinal canal extending into the neural foramina. The largest cyst at S2-3 level measures 2.3x1.3 cm.

On October 6, 2011, the claimant was evaluated by for upper and lower back pain which he described as constant, sharp, radiating to the whole back, up to the arms and neck, and down to the right leg. He rated his pain an 8/10. On physical exam he had severe back pain, pain level 9/10, with very tender back, right lumbar radiculopathy on L4-5, straight leg raise was 40 degrees on the right and 70 degrees on the left, with decreased feeling on L4-5. Diagnosis: Lumbar herniated disc on the L4-5 on the right. Plan: Recommendation of lumbar laminectomy of L4-5 and lumbar discectomy of L4-L5-S1.

On November 10, 2011, the claimant was re-evaluated by who reported as long as he was on his medications his back was okay. Medications were listed as Flexeril 10 mg and Mobic QD. Neurologically the claimant complained of pain in his back and leg, with stiffness of the lumbar spine, no better with medications and physical therapy. An epidural steroid injection of L4-L5-S1 was recommended.

On December 13, 2011, Operative Report by. Diagnosis: Lumbar disk herniation of L4-L5 on the right. Procedure: Fluoroscopic Epidural Pain Block of L4-L5 space with Depomedrol.

On January 5, 2012, the claimant was re-evaluated by who reported he still had pain in his back. The claimant stated the ESI helped for one day and it eased the pain, but then the pain returned. His pain was rated 8/10 and reported to have pain from his back down

the legs with occasional tingling of the legs. recommended lumbar laminectomy of L4-L5-S1.

On November 10, 2011, the claimant was re-evaluated by who reported his pain level was an 8/10, with a lot of right leg pain that was constant, sharp, provoked when walking and he couldn't walk bare footed because of the pain. He also reported bilateral hip pain with numbness of the hips and buttocks. On exam he was still complaining of severe pain on his right leg that was getting worse. recommended a lumbar laminectomy and diskectomy of L4-L5-S1.

On April 30, 2012, the claimant was evaluated by, a designated doctor. found on physical examination that the claimant was slightly hunched over and unable to stand up straight. Palpation of the spinal musculature revealed tenderness and muscle spasms on the right side. Range of motion was limited. Patellar and Achilles reflexes were 1 bilaterally. The left thigh was measured at 40 cm and the right at 42 cm. The left calf was 34 cm and the right calf was 34.5 cm. Muscle strength was 5/5 throughout the lower extremities.

On May 15, 2012, the claimant was re-evaluated by who reported on physical examination that neurologically the claimant was the same. He still had right leg pain and numbness, with tenderness to the lumbar spine. Straight leg raise was 60 degrees on the right and 80 degrees on the left. recommended continuing his current treatment of Flexeril, Tramadol, and Meloxicam and re-evaluate in 2 weeks. If no improvement, then a lumbar laminectomy of L4-L5 and diskectomy of L4-L5-S1 would be recommended.

On June 26, 2012, the claimant was re-evaluated by who reported the claimant felt that he was losing strength on his right leg and it got painful when it happens. He has sharp, burning pain that was worse with weather changes. On physical examination he complained of severe pain on the right leg with numbness and was dragging the right leg. He had numbness along L4-L5 on the right leg and getting sudden onset of sharp right radicular pain. continued to recommend the lumbar laminectomy of ZL4-L5 and diskectomy of zL4-L5-S1.

On July 10, 2012, the claimant was re-evaluated by who reported the claimant started using a cane at home to put less pressure on his right leg. There were no changes in physical exam. Surgical treatment continued to be recommended.

On July 13, 2012, performed a UR. Rationale for Denial: While there is evidence of disc pathology at the requested levels, the documented objective findings did not adequately support the presence of radiculopathy. Additional findings such as unilateral weakness or atrophy of the quadriceps, hamstrings, anterior tibialis, foot dorsiflexion and plantar flexion, depressed deep tendon reflexes or positive straight leg raising test were not documented and no electrodiagnostic tests were submitted to support the equivocal objective findings. Therefore, the medical necessity of the requested surgical procedures is not substantiated at this time.

On July 24, 2012, the claimant was re-evaluated by who reported the claimant was the same and had been having pain on the right leg and foot more now. On physical examination he was still complaining of severe pain and numbness to the right leg. Motor function was the same and he was not better. A lumbar laminectomy of L4-L5 and diskectomy of ZL4-L5-S1 continued to be recommended.

On August 7, 2012, performed a UR. Rationale for Denial: The updated documentation includes the latest medical report on 7/10/12 which showed persistent low back pain. Physical examination showed right leg pain and numbness. The recent record submitted for review still did not contain specific clinical findings to support the requested surgery

such as progressive sensorimotor deficits or loss bowel/bladder control and the presence of neurogenic claudication. Also the radiologist's analysis of recent electrodiagnostic studies of the lower extremities was not submitted for review including recent imaging studies of the lumbar spine with flexion-extension views. Based on these grounds, the medical necessity of the request has not been established.

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

The previous adverse decisions are overturned. The ODG Indications for Lumbar Discectomy and Laminectomy surgery allow unilateral buttock, hip, thigh, posterior thigh, knee and calf pain as one qualifying criteria for surgery. The claimant has had persistent, unilateral right leg pain since his 10/6/2011 exam by. The claimant has tried conservative treatments without relief of his leg symptoms including, NSAIDs, muscle relaxants, physical therapy, and epidural steroid injection. His Lumbar MRI from Sept 27, 2011 shows disc extrusion at L4/5 and bilateral recess stenosis at L4/5 and L5/S1 which also meets the ODG Diagnostic imaging requirement. The claimant has not had an EMG of his lower extremities which is optional under the ODG Criteria and doesn't influence a decision for surgery definitively.

In conclusion, the claimant has met the unilateral leg pain criteria for surgery according to the ODG Indications for Surgery. He is a candidate for a right L4/5 and L5/S1 laminectomy/discectomy. He should not have to wait for leg atrophy or persistent leg weakness before trying a treatment to alleviate his pain symptoms. The request for Lumbar Laminectomy & Discectomy @ L4-5/L4-L5-S1 63047, 63048, 20926, 22114 is found to be medically necessary.

PER ODG:

ODG Indications for SurgeryTM -- Discectomy/laminectomy --

Required symptoms/findings; imaging studies; & conservative treatments below:

I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging.

Findings require ONE of the following:

- A. L3 nerve root compression, requiring ONE of the following:
 - 1. Severe unilateral quadriceps weakness/mild atrophy
 - 2. Mild-to-moderate unilateral quadriceps weakness
 - 3. Unilateral hip/thigh/knee pain
- B. L4 nerve root compression, requiring ONE of the following:
 - 1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
 - 2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
 - 3. Unilateral hip/thigh/knee/medial pain
- C. L5 nerve root compression, requiring ONE of the following:
 - 1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
 - 2. Mild-to-moderate foot/toe/dorsiflexor weakness
 - 3. Unilateral hip/lateral thigh/knee pain
- D. S1 nerve root compression, requiring ONE of the following:
 - 1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy
 - 2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness
 - 3. Unilateral buttock/posterior thigh/calf pain

(EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)

II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:

- A. Nerve root compression (L3, L4, L5, or S1)

- B. Lateral disc rupture
- C. Lateral recess stenosis

Diagnostic imaging modalities, requiring ONE of the following:

1. [MR](#) imaging
2. [CT](#) scanning
3. [Myelography](#)
4. [CT myelography](#) & X-Ray

III. Conservative Treatments, requiring ALL of the following:

A. [Activity modification](#) (not bed rest) after [patient education](#) (>= 2 months)

B. Drug therapy, requiring at least ONE of the following:

1. [NSAID](#) drug therapy
2. Other analgesic therapy
3. [Muscle relaxants](#)
4. [Epidural Steroid Injection](#) (ESI)

C. Support provider referral, requiring at least ONE of the following (in order of priority):

1. [Physical therapy](#) (teach home exercise/stretching)
2. [Manual therapy](#) (chiropractor or massage therapist)
3. [Psychological screening](#) that could affect surgical outcome

4. [Back school](#) ([Fisher, 2004](#))

For average hospital LOS after criteria are met, see [Hospital length of stay](#) (LOS).

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)