



**Notice of Independent Review Decision - WC**

**IRO REVIEWER REPORT – WC**

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**DATE OF REVIEW:** 08/29/12

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Lumbar Laminectomy/Discectomy with Foraminotomy and Decompression at L4-L5 and L5-S1  
Additional Level  
Inpatient Length of Stay One Day

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

Board Certified in 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 or not medical necessity exists for each of the health care services in dispute.

Lumbar Laminectomy/Discectomy with Foraminotomy and Decompression at L4-L5 and L5-S1 – UPHELD  
Additional Level – UPHELD  
Inpatient Length of Stay One Day – UPHELD

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Employers First Report of Injury or Illness
- Associate Statement, 10/09/10
- Associate Incident Log Form, 10/09/10
- Emergency Physician Record, 10/09/10
- Lumbar Spine X-Rays, 10/09/10
- Evaluation, 10/11/10, 10/26/10, 11/16/10, 12/16/10, 12/30/10, 01/12/11, 01/25/11, 02/15/11
- DWC Form 73, 10/11/10, 10/26/10, 11/16/10, 12/30/10,
- Physical Therapy, 10/19/10, 10/21/10, 10/23/10, 11/02/10, 11/04/10, 12/27/10, 12/28/10, 01/05/10, 01/12/10
- Lumbar Spine MRI, 01/18/11
- DWC Form 73, , 03/07/11, 03/21/11, 04/20/11, 05/20/11, 06/16/11, 07/19/11, 08/15/11, 09/07/11, 10/07/11, 11/07/11, 12/07/11, 01/06/12, 01/17/12, 02/17/12, 03/16/12, 04/16/12, 05/15/12, 06/13/12, 07/13/12
- Physical Therapy, 03/07/11, 03/08/11, 03/09/11, 03/10/11, 03/16/11, 03/17/11, 03/21/11, 03/25/11, 04/20/11, 05/20/11, 06/16/11, 07/19/11, 08/15/11, 09/07/11, 10/07/11, 11/07/11, 12/07/11, 01/06/12, 01/17/12, 02/17/12, 03/16/12, 04/16/12, 05/15/12, 06/13/12, 07/13/12
- Initial Report, 03/21/11
- Initial Interview, 03/24/11
- Evaluation, 03/21/11, 04/26/11, 05/17/11, 05/31/11, 08/22/11, 09/20/11, 09/27/11, 05/15/12, 05/31/12, 06/12/12, 07/17/12
- Electrodiagnostic Studies, 04/01/11
- Correspondence, 04/04/11
- Individual Progress Note, 04/18/11, 04/21/11, 04/28/11, 05/05/11, 05/12/11, 05/18/11
- Correspondence, 04/18/11, 04/27/11
- DWC Form 73, 04/26/11, 05/17/11, 05/31/11, 08/22/11, 09/20/11, 09/27/11, 05/15/12, 05/31/12, 06/12/12, 07/17/12
- Physical Performance Evaluation (PPE), 06/01/11
- History and Physical Examination, 06/28/11
- Notice of Independent Review Decision, 07/07/11
- CT Lumbar Post-Myelogram, 09/06/11
- Lumbar Myelogram, 09/06/11
- Evaluation, 12/08/11, 02/23/12
- Chiropractic Treatment, 01/23/12, 01/24/12, 01/26/12, 01/27/12, 01/30/12, 01/31/12, 02/01/12, 02/02/12, 02/03/12, 02/06/12, 02/07/12, 02/05/12, 02/0/12, 02/10/12, 02/13/12, 02/14/12
- DWC Form 73, 07/523/12
- Ultrasound, 03/28/12
- Denial Letter, 05/23/12, 06/07/12

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The clinical summary is this female reported an injury on xx/xx/xx while working. She was carrying items. The patient originally reported low back pain on the right side with it radiating to the foot. The patient originally was treated through pain management with aquatic therapy, Toradol IM, medication of Mobic, Skelaxin, and Voltaren. The patient subsequently was treated through pain management, with an MRI scan being performed on 01/18/11 noting diffuse disc bulges at L1 through L2-L3 with mild canal and no foraminal stenosis at L1-L2 and right foraminal stenosis at L2-L3, desiccated disc with diffuse bulge, and facet arthropathy, mild canal and bilateral foraminal stenosis, diffuse disc bulge with moderate canal and bilateral foraminal stenosis at L4-L5 with mild facet arthropathy, and lateral disc protrusion, left, at L5-S1 with facet arthropathy and no canal or foraminal stenosis. The patient was then referred for neurosurgical second opinion as noted on 02/15/11 sensation and deep tendon reflexes were intact and negative straight leg raise. There was some leg pain with positive straight leg raise at 30 degrees on the left and sensory loss in both legs in the L4-L5 dermatomes. The patient then saw for neurosurgical second opinion, and on physical examination he noted severely positive right side straight leg raising at 35-40 degrees, severe weakness in dorsiflexion of right foot, and severe hamstring weakness, right side, with reduction to pinprick sensation at the L5-S1 dermatomes, right. The patient had difficulty walking on her heels. The Achilles jerk was absent bilaterally. The MRI scan from 01/18/11 was reviewed, noting the left-sided pathology on the study with the patient's complaints being right-sided. Surgery was recommended. Subsequent electrodiagnostic study on 04/01/11 noted an L4 radiculopathy, right and left. The patient continued to follow with who continued to recommend surgical intervention. As continued to follow the patient, there was conflicting information as to which lower extremity had radicular pain at which time. There was a psychological evaluation noting the patient to be depressed.

The 07/06/11 review recommended non-certification of the request for surgery, noting objective evidence of bilateral L4 radiculopathy with foraminal and central stenosis at L4-L5. The MRI scan did not note canal or foraminal stenosis, and, therefore, nerve root impingement was not demonstrated. Non-certification was recommended as there was no concordance between radicular findings on radiologic evaluation and physical examination. It was unclear that the L5-S1 level was responsible for the patient's symptoms. The patient did have a CT myelogram that did not shed any significant light as to the patient's pathology.

continued to recommend the L4-L5 and L5-S1 laminectomy discectomy then changed to just asking for an L4-L5 laminectomy discectomy. When evaluated the patient and also recommended bilateral L4-L5 fusion, changed his surgical recommendation to include the L4-L5 fusion, but he stated it was L5-S1, not the L4-L5 level recommended. It was also noted that had recommended lumbar surgery, but his medical records were not provided for review. subsequently went on to change his requested surgery again, this time switching back to laminectomy discectomy at L4-L5 and L5-S1.

On 06/07/12 the review recommended non-certification, noting there was no consistent unequivocal evidence of radiculopathy at L4-L5 and L5-S1 levels that would require surgical treatment, and, therefore, the request did not meet guideline criteria.

On 07/17/12 again noted the patient suffering pain and discomfort in the lumbar region, radiating from the sacroiliac joint mainly on the right side, and at times going down to the leg. Most of the pain appeared to be localized medially now to the sacral region. Examination noted difficulty walking on heels and toes, difficulty in bending, and before she reaches her knees, the patient complained of pain. No pathological reflexes were noted, but changes were generally +/- and do not indicate what reflexes. The patient was complaining of severe pain in the right hip going to the toes but does not describe which toes. He now noted that in his opinion, the patient has a herniated disc at L4-L5 and possibly L3-L4, and the patient was good candidate for surgery, again leaving it unclear as to what clinical findings would support such a request.

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

The ODG criteria for laminectomy discectomy indicate there should be subjective complaints and objective physical examination findings that correlate with imaging studies with the patient having failed appropriate conservative treatment. At this time, the medical records do not document a clear clinical picture supported by imaging studies for the requested L3-L4 and L4-L5 laminectomy discectomy with possible L5-S1 now included. Therefore, I recommend non-certification of laminectomy discectomy with foraminotomy decompression at L4-L5 and L5-S1 with a one-day length of stay.

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

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**