

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/30/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Laminectomy / Decompression

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Spine Surgeon, 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)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Designated doctor evaluation 12/22/11
MRI lumbar spine 04/05/11
Procedure note 06/27/11
Admission report 02/15/12
Operative report discharge summary 02/16/12
Procedure notes 02/15/12
Operative report 03/16/12
Consultation report 03/17/12
Clinical notes 01/31/12-06/18/12
Consultation report 03/17/12
Procedure reports 03/17/12
Discharge summary 03/19/12
Radiographs lumbar spine 05/05/11
MRI lumbar spine 06/01/12
Prior reviews 06/25/12 and 07/30/12
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who has been followed for complaints of low back pain. Initial MRI studies from April of 2011 revealed a 3mm disc protrusion at L4-5 contributing to lateral recess and neural foraminal stenosis as well as spinal canal narrowing. The patient did undergo prior epidural steroid injections in 2011 but ultimately underwent a left L4-5 laminectomy on 02/15/12 per the discharge summary provided. No operative report was submitted for review. The patient had post-operative complications to include infection of the surgical wound which required irrigation and debridement with secondary closure in March of 2012. Follow up on 03/27/12 stated that the patient still had a draining wound and was continued on IV antibiotics. The patient continued to report pain in the low back and physical

examination revealed moderate swelling and serous drainage from the surgical wound in the lumbar spine. The patient's low back pain resolved by 04/03/12; however, the patient still had surgical wound drainage. The patient was seen on 04/10/12 with complaints of recurrent low back and left sided buttock pain radiating through the left lower extremity. Physical examination did not report any focal neurological deficits. Some drainage from the surgical wound was identified. The patient was continued on Robaxin 750mg as well as Norco 10/325mg. It is also noted the patient was placed on Lovenox due to blood clotting issues after the patient's PICC line was removed. Repeat MRI studies completed on 06/01/12 for the lumbar spine revealed a small broad based disc herniation at L4-5 indenting the thecal sac as well as the L4 and L5 nerve roots. Follow up on 06/18/12 stated the patient continued to have low back pain that was not significantly improved with medications. Patient also reported left lower extremity pain. Physical examination revealed no focal neurological deficits. The patient was recommended for a left L4-5 laminectomy discectomy. The request for L4-5 laminectomy discectomy was denied by utilization review on 06/25/12 as there were no objective findings to support the requirement for repeat decompression. There was no documentation regarding rehabilitative therapies post-operatively, and there were also concerns regarding the patient's uncontrolled diabetic condition. It was unclear from the clinical notes whether the patient had finished anticoagulant therapy. The request was again denied by utilization review on 07/30/12 as there was confusion whether the patient had a L5-S1 or L4-5 decompression. There was also no documentation regarding failure of lower levels of care as well as no objective findings to support the surgical request.

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

The request for lumbar laminectomy and decompression at L4-5 is not recommended as medically necessary based on the clinical documentation provided for review. The patient has no objective findings to support L4-5 radiculopathy that would reasonably require the requested surgical procedures. The clinical documentation provided for review also did not demonstrate the patient failed reasonable attempts at conservative treatment post-operatively. There is no indication that the patient was referred for physical therapy or that minimally invasive procedures such as injections were contemplated. The clinical documentation also indicates that the patient was placed on anticoagulant therapy and had uncontrolled diabetes. It was unclear from the clinical documentation provided if these issues were addressed prior to the surgical request. As the clinical documentation provided for review does not meet guideline recommendations for the request, and there was no additional information to address previously noted concerns of prior utilization reviews, medical necessity is not established and the prior denials are upheld.

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)