

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Aug/05/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Laminectomy L5 with Discectomy L5-S1

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

Board Certified Orthopedic Surgeon

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
Clinical notes dated 03/27/13 – 05/30/13
MRI of the lumbar spine dated 03/26/13
Operative report dated 05/06/13
Previous utilization reviews dated 06/05/13 & 06/27/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury regarding his low back. The clinical note dated 03/27/13 details the patient complaining of lumbar region pain. Upon exam, the patient was able to demonstrate 5/5 strength in the lower extremities. Sensation was noted to be intact. No reflex changes were noted in either extremity. The patient was noted to have a positive straight leg raise on the left and a positive Patrick's test as well. The note does detail the patient having undergone physical therapy which was discontinued at that time. The MRI of the lumbar spine dated 03/26/13 revealed a broad based posterior disc bulge at L5-S1 with a superimposed left sided paracentral disc protrusion. The protrusion was noted to encroach on the left lateral recess and contact was noted at the S1 nerve root. The clinical note dated 04/10/13 details the patient having undergone a full course of physical therapy without a significant benefit. The patient stated that the initial injury occurred when he was coming off a ladder and fell into a truck. Upon exam, the patient was able to demonstrate 4/5 strength at the left EHL. 4/5 strength was also noted at the left tibialis anterior. The clinical note dated 05/06/13 details the patient continuing with low back pain. Upon exam, no strength deficits were noted in the lower extremities at that time. The patient's reflexes were noted to be

within normal limits. Sensation was noted to be normal in both lower extremities at that time as well. The operative report dated 05/06/13 details the patient undergoing a transforaminal epidural steroid injection at that time at L5-S1. The clinical note dated 05/15/13 details the patient continuing with low back pain. The patient continued with no strength deficits or reflex changes. Normal sensation was noted as well.

The previous utilization review dated 06/05/13 resulted in a denial for the laminectomy and discectomy secondary to a lack of significant neurologic deficits.

The previous utilization review dated 06/27/13 resulted in a denial for a laminectomy and discectomy of the lumbar region as no neurologic deficits were submitted to support the need for a surgical intervention.

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

The documentation submitted for review elaborates the patient complaining of low back pain. The previously submitted MRI did reveal significant findings at the L5-S1 level. However, the Official Disability Guidelines recommend a laminectomy and discectomy in the lumbar region provided the patient meets specific criteria to include significant neurologic findings indicating the need for a surgical intervention. However, the patient initially demonstrated strength deficits at the tibialis anterior and EHL on the left. However, upon further exam, no strength deficits were noted in subsequent clinical exams. Additionally, no additional neurologic findings were noted. Given that no information was submitted regarding the patient's neurologic findings indicating an L5 or S1 involvement, this request is not indicated. As such, it is the opinion of this reviewer that the request for a laminectomy at L5 with a discectomy at L5-S1 is not recommended as medically necessary.

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