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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Oct/28/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar laminectomy and discectomy at L4-5 and L5-S1 with a 1 day inpatient stay.

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

REVIEW OUTCOME:

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

[ ] Upheld (Agree)

[ ] Overturned (Disagree)

[X] Partially Overturned (Agree in part/Disagree in part)

Lumbar laminectomy and discectomy at L5-S1 with a 1 day inpatient stay is overturned and is medically necessary.
Lumbar laminectomy and discectomy at L4-5 is upheld and not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
MRI of the lumbar spine dated 10/05/12
MRI of the thoracic spine dated 10/12/12
Clinical reports dated 10/30/12 – 09/19/13
Electrodiagnostic studies dated 11/30/12 & 09/24/13
Prior utilization reports dated 09/16/13 & 10/02/13

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male who sustained an injury on xx/xx/xx. The patient developed complaints of low back pain radiating to the lower extremities. MRI studies of the lumbar spine completed on 10/05/12 showed evidence of a 2-3mm disc herniation at each level approaching the thecal sac with mild bilateral foraminal stenosis at L4-5 and mild right foraminal stenosis at L5-S1. The patient was initially utilizing Tramadol for pain. Electrodiagnostic studies from 11/30/12 showed evidence of an L5 radiculopathy bilaterally. The patient's physical examination findings on 12/11/12 showed reflex changes in the right lower extremity with sensory loss in a right L5-S1 dermatome. Straight leg raise was reported as positive to the right side reproducing pain in the right lower extremity. Epidural steroid injections were recommended on 02/25/13. The patient was unable to obtain approval for epidural steroid injections. Follow up on 09/09/13 indicated that the patient continued to have complaints of low back pain radiating to the lower extremities. The patient reported minimal benefits from the use of Celebrex. Physical examination continued to show

loss of lumbar range of motion. There were general hypoactive reflexes in the lower extremities with reduced sensation in an L5-S1 distribution mostly to the right side. The patient was again recommended for a lumbar laminectomy and discectomy at L4-5 and L5-S1. The patient has continued to utilize Vicodin for pain control. Updated electrodiagnostic studies completed on 09/24/13 showed no evidence for lumbar radiculopathy.

The request for L4-5 and L5-S1 lumbar laminectomy and discectomy was denied by utilization review on 09/16/13 as there was no evidence of lower extremity functional loss in the L4 dermatome. This reviewer felt that surgical discectomy at L5-S1 was indicated; however, this could not be relayed to the requesting physician as contact was not made.

The request was again denied by utilization review on 10/02/13 as there was no evidence of canal or foraminal narrowing.

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

The clinical documentation provided for review establishes that the patient has been followed for complaints of low back pain radiating to the lower extremity that has not improved with either medications or therapy. Imaging studies did show evidence of foraminal stenosis more significant to the right side at L5-S1. There was electrodiagnostic evidence of a bilateral L5 radiculopathy. The patient's physical examination findings did show sensory loss in an L5-S1 dermatome primarily to the right side and straight leg raise signs were also positive to the right reproducing radicular pain. Given that the patient was unable to obtain approval for epidural steroid injections which are a recommended modality for symptomatic radiculopathy and as the patient has not improved with further conservative treatment, this reviewer would recommend decompression and discectomy at L5-S1 only as the objective findings support primarily an L5 radiculopathy. There is no evidence to support the presence of an L4 radiculopathy at this time that would reasonably require discectomy and laminectomy at L4-5. As the clinical documentation does support an L5-S1 lumbar laminectomy and discectomy only, current evidence based guidelines would support a 1 day inpatient stay at this time.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES