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Notice of Independent Review Decision

DATE OF REVIEW: October 2, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L3-4 Left Foraminotomy Left L5-S1 Discectomy with 1 day length stay, 63030, 63047 and 95941.

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

M.D., 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)

I have determined that the requested L3-4 left foraminotomy left L5-S1 discectomy with 1 day length stay, 63030, 63047 and 95941 is not medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 7/1/13.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 9/11/13.
3. Notice of Assignment of Independent Review Organization dated 9/12/13.
4. Denial documentation dated 5/13/13 and 6/24/13.
5. Clinic notes dated 5/1/13.

6. Clinic notes dated 9/6/12, 10/10/12, 10/29/12, 12/12/12, 12/20/12, 1/10/13, 2/12/13 and 4/4/13.
7. Clinic notes dated 5/9/11, 6/6/11, 6/27/11, 8/29/11, 10/3/11, 10/31/11, 1/16/12, 3/26/12, 8/13/12, 2/19/13 and 3/21/13.
8. MRI Spine Lumbar dated 3/10/11 and 3/12/13.
9. Operative Report dated 4/20/11, 6/15/11, 4/3/12 and 1/29/13.
10. Radiography Note dated 1/29/13.
11. Discharge Summary dated 1/22/13.
12. Consultation for electrodiagnostic evaluation dated 11/30/12.
13. CT scan of the Lumbar Spine dated 2/16/12.
14. Clinic notes dated 3/8/12.
15. Radiology Report dated 3/2/11, 5/9/11, 6/27/11, 8/29/11, 10/31/11 and 1/16/12.
16. Re-Evaluation dated 10/28/11, 9/29/11, 8/25/11 and 8/5/11.
17. Plan of Care dated 7/5/11.
18. Clinic notes dated 3/2/11, 3/23/11 and 5/4/11.
19. Rehabilitation notes dated 2/15/11 and 2/22/11.
20. Progress notes dated 2/11/11 and 2/18/11.
21. Complete Rationale for preauthorization dated 5/13/13.
22. Complete Rationale for preauthorization dated 6/24/13.
23. Surgery Scheduling Slip/Checklist dated 3/21/13.
24. Institute Patient Profile dated 4/17/13.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported a work-related injury on xx/xx/xx as a result of a fall. Subsequently, the patient is status post a 360-degree fusion at L4-5. On 11/29/12 electrodiagnostic studies of the left lower extremity revealed electrodiagnostic evidence of an active left L3 radiculopathy. The clinical notes evidence the patient completed a recent course of physical therapy interventions as well as epidural steroid injections for her increased lumbar spine pain with radiation to the left lower extremity. The clinical notes also documented the patient utilizes a medication regimen which includes oxycodone 15mg tabs 1 by mouth every 4 hours as needed. A clinic note dated 2/19/13 indicated that the patient had fusion exploration and hardware removal in 2012. The provider documented that the patient had improvement of symptoms but over the last 4 months has had progressive history of left lower extremity pain and weakness. The provider documents the patient additionally has had an onset of mild stress incontinence, an abnormal gait, with the patient reporting this is a definitive change in her symptomatology compared to after hardware removal. The provider noted that x-rays performed in clinic revealed an L4-5 fusion which was solid. At the L3-4 level upon flexion and extension, there appeared to be foraminal narrowing with retrolisthesis identified. The provider documented the patient had 5/5 motor strength noted to the right lower extremity, with 4/5 strength noted to the left. Numbness was present in the left lower extremity and to the anterior medial thigh as well as the L4 distribution down to the level of the foot. Tension signs were positive on the left. On 3/12/13 an MRI of the lumbar spine revealed a 4 to 5mm diffuse annular bulge at the L3-4 with enhancement along the posterior and central aspect of the annulus suspicious for changes of an annular fisture. Post-discectomy changes cannot be entirely excluded. Ligamentum flavum hypertrophy and degenerative facet joint changes were also seen. There was borderline central

canal narrowing. In addition, the MRI revealed mild central canal narrowing at the L5-S1 related to a 4 to 5mm broad based posterior disc protrusion containing an annular fisture and degenerative facet joint changes. Mild bilateral neural foraminal narrowing was also seen. Finally, the MRI showed bilateral laminectomy is noted at L4-5. There is an interbody fusion graft noted at L4-5. The actual degree of osseous fusion would be better assessed with a CT per the radiologist. A clinic visit on 3/21/13 noted that the patient continues with significant low back pain and left lower extremity pain. The patient utilizes a 4-prong cane for assistance with ambulation. The provider reported 4/5 motor strength to the left lower extremity, positive tension signs to the left lower extremity, and an antalgic gait. The provider documented conservative treatment was unsuccessful and the patient requires a chronic opioid medication regimen with a poor level of functioning. The provider documented the patient elected to proceed with an L3-4 foraminotomy as well as an L5-S1 discectomy.

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

In this patient's case, Official Disability Guidelines (ODG) do not support the requested L3-4 left foraminotomy left L5-S1 discectomy with 1 day length stay, 63030, 63047 and 95941. Per ODG criteria, surgical intervention consistent of the requested operative procedures is not supported unless there are significant objective physical exam findings of a clinical lumbar radiculopathy correlating in a specific dermatomal pattern as evidenced by neurological motor sensory deficits. Moreover, guidelines indicate specific criteria prior to the requested surgical interventions, including "imaging studies requiring one of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings: (1) nerve root compression at L3, L4, L5 or S1; (2) lateral disc rupture; or (3) lateral recess stenosis." The medical records provided for review do not document evidence of any nerve root involvement at the L3-4 or L5-S1 level. In this patient's case, based on the medical records provided for review, significant objective findings of symptomatology upon physical exam of the patient were also lacking to support surgical interventions at the L3-4 and L5-S1 levels. Therefore, the request for L3-4 left foraminotomy left L5-S1 discectomy with 1 day length of stay, 63030, 63047 and 95941 is not medically necessary for the treatment of the patient's current medical condition.

Therefore, I have determined the requested L3-4 left foraminotomy left L5-S1 discectomy with 1 day length stay, 63030, 63047 and 95941 is not medically necessary for treatment of the patient's medical condition.

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)