

# P-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Mar/27/2013

**IRO CASE #:**

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

One day inpatient lumbar spine laminectomy and discectomy at level L3-4

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

Neurosurgery

**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  
Prospective IRO review response dated 03/18/13  
Physical therapy reports dated 11/04/01 – 11/12/02  
Clinical reports dated 02/05/02 – 01/14/13  
Procedure note dated 02/27/02  
Procedure note dated 03/20/02  
Procedure note dated 04/02/02  
Impairment rating dated 12/16/02  
MRI lumbar spine dated 05/21/03  
Behavioral medicine evaluation dated 01/07/12  
MRI lumbar spine dated 11/02/12  
Procedure note dated 12/04/12  
Prior reviews dated 01/10/13 and 01/31/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who initially sustained an injury on xxxxx. The patient reported lifting a patient and developed low back pain radiating to the knees bilaterally. The patient was followed for more than 10 years and was previously provided epidural steroid injections in 2002. This did address components of the patient's symptoms. In 2003, the patient had an increase in low back pain and radiating pain in the lower extremities. The patient did undergo a behavioral medicine evaluation in 01/12 regarding a pending laminectomy and discectomy procedure. The patient was cleared for surgical intervention. The most recent MRI study of

the lumbar spine dated 11/02/12 revealed an L3-4 disc protrusion with inferior migration narrowing the left lateral recess with possible impingement of the left L4 nerve root. Clinical evaluation on 11/12/12 stated that the patient continued to have severe low back pain while sitting. The patient also reported radiating pain into the left lower extremity that recently reoccurred without any interval injury reported by the patient. The patient reported some instability in the right lower extremity and associated weakness. The patient's physical examination at this visit revealed tenderness to the paravertebral musculature to the left of the lumbar spine with painful range of motion. There was restricted range of motion on forward flexion and straight leg raise was reported to be positive to the left at 60 degrees. Weakness was present in the left lower extremity at the tibialis anterior and quadriceps. There was loss of sensation to light touch in a L3-S1 dermatome. The patient was recommended for a selective nerve root block to the left at the L4 level which was performed on 12/04/12. Follow-up on 12/18/12 stated that the patient had no response to the injection. The patient reported progressive weakness in the left lower extremity. Physical examination demonstrated difficulty with heel and toe walking in the left lower extremity. There were slightly diminished reflexes noted at the left knee. The patient was recommended for a laminectomy and discectomy on the left at L3-4.

The request for a left L3-4 laminectomy and discectomy was denied by utilization review on 01/10/13 as the patient's exam findings on 11/12/12 were not consistent with a L4 radiculopathy and there were multiple complaints with no specific dermatomal location of the pain. The reviewing physician found that there was insufficient evidence to establish that the patient's true pain generator had been identified. There was also limited documentation regarding recent conservative treatment.

The request was again denied by utilization review on 01/31/13 as there was no recent lateral extension and flexion radiograph studies and lack of correlation between the patient's exam findings and imaging studies.

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

The patient has had a long ongoing history of chronic low back pain and has recently developed radiating pain in the left lower extremity as of 11/12. Imaging studies of the lumbar spine did reveal a disc protrusion to the left at L3-4 that most likely encroached upon the left L4 nerve root. The patient did not have significant response to selective nerve root blocks to the left at L4 and the patient's exam findings were non-specific regarding a L4 radiculopathy. From the clinical documentation, the patient had sensory loss in a L3-S1 dermatome in the left lower extremity. There was weakness at the tibialis anterior as well as the quadriceps and reflexes were reported to be decreased at the knee. Although the patient's most recent physical examinations are more specific for a possible L4 radiculopathy, there is no further diagnostic testing provided for review to confirm a L4 radiculopathy such as EMG studies. Additionally, given the lack of response to selective nerve root blocks, it is still unclear if the patient's pain generators have been identified. Also, there is limited clinical documentation regarding any recent conservative treatment outside of the 1 selective nerve root block. It is unclear to what extent the patient has undergone recent physical therapy or exhausted medication management. As the clinical documentation provided for review does not meet guideline recommendations for the requested surgical procedures, it is this reviewer's opinion that the requested lumbar decompression at L3-4 is not medically necessary 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)