



Notice of Independent Review Decision - WC

DATE OF REVIEW:

04/17/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient Right L5-S1 Lumbar Microdiscectomy and Foraminotomy with Overnight Stay

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

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Outpatient Right L5-S1 Lumbar Microdiscectomy and Foraminotomy with Overnight Stay –
OVERTURNED

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY (SUMMARY):

The patient was injured on xx/xx/xx when he was on the ground looking at the sides of pipes when he felt a popping sensation in his back. He was unable to raise from the crouching position and was taken to the emergency room. He was given muscle relaxers and pain medication which finally broke his muscle spasms. Since then, he had an MRI of his low back demonstrating an L5

and S1 disc herniation with possible nerve root irritation, as well as mild facet arthropathy. He had over seven sessions of physical therapy, but found that it only made his pain worse. He had not had any chiropractic care, surgeries, or injections for his pain. He was using regular non-steroidal anti-inflammatory medications; however, developed a bleeding ulcer and since discontinued the use of the medication. He used Flexeril off and on, but did not find it be helpful in treating his pain. He took minimal amounts of Hydrocodone, not because he was not in significant pain, but rather because he did not find it to be particularly helpful. He had significant right leg subjective weakness with numbness, tingling, dysesthesias radiating all the way down the posterior aspect of his right leg to his foot. An epidural steroid injection (ESI) was also performed. The claimant was maintained on Norco 10/325 mg and Neurontin 600 mg. A foraminotomy and microdiscectomy on the right at L5-S1 was recommended.

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

The patient does have physical examination findings with the positive straight leg raising and with reflexes difficult to elicit at the ankle coupled with the patient's right leg radiculopathy pain being in the S1 distribution, all of which correlates with the MRI scan noting the disc herniation that, although small, combined with the foraminal spondylosis and the epidural lipomatosis all cause a decrease in canal space, supports the S1 radiculopathy. The patient has failed appropriate conservative treatment with physical therapy, epidural steroid injections, and medication that had to be stopped due to development of an ulcer. Therefore, at this time I do feel the requested L5-S1 lumbar microdiscectomy and foraminotomy meets ODG recommendations with the patient's subjective complaints of the S1 radiculopathy and objective findings with the positive straight leg raising and the difficulty eliciting ankle reflexes with failure of conservative treatment supports the request after reviewing the MRI scan findings.

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**