



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

March 12, 2013

MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 3/8/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right L5-S1 Laminectomy

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

Texas State Licensed MD Board Certified Orthopedic Surgeon & Spine 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 or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to Medwork 2/21/2013
2. Notice of assignment to URA 2/20/2013
3. Confirmation of Receipt of a Request for a Review by an IRO 2/21/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 2/20/2013
6. Letter from physician regarding patient (medical notes) 2/15/2013, report of medical evaluation 2/15/2013, notification of reconsideration determination 2/13/2013, medical documents 1/26/2013, notification of adverse determination 1/15/2013, medical documents 12/29/2012, 12/14/2012, 11/29/2012, 10/29/2012, 10/24/2012, consultation/referral request 8/27/2012, clinical encounter summaries 8/22/2012, final report from imaging facility 8/17/2012, encounter notes 8/16/2012, medical notes 11/17/2011, 10/12/2011, 7/21/2011.

PATIENT CLINICAL HISTORY:



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The patient is a male who has had persistent low back pain with radiation to the lower extremity on the right-hand side; "To the posterior thigh, calf, and into his foot". The patient has had bilateral back pain and "one MRI which reveals a ruptured disk at L5-S1... had a myelogram and CT performed...reveals what appears to be compression of the S1 nerve root on the right-hand side."

Prior treatments were noted to include medications and ESIs. The exam findings most recently were noted to reveal "no weakness in the upper or lower extremities..." The patient was felt to have an indication for a "minimally invasive laminectomy to decompress the nerve root."

The 12/14/2012 dated myelogram/post myelographic CT revealed multiple levels of disk bulging including L4-5 and L5-S1 with no frank disk herniation. It was noted that there was mild narrowing of the bilateral neural foramen "but no compression of the exiting root sleeve is identified," and there was specifically noted to be no compression at the L5-S1 and also no compression at the L4-5 level. The prior records were also reviewed, and these included the results of an MRI dated 08/08/2012. The lumbar MRI was noted to reveal a disk bulge at L4-5 with mild bilateral neural foraminal narrowing. At L5-S1, there was noted to be a mild right and moderate left neural foraminal narrowing and also mild disk bulge overall.

The additional records reviewed included a computerized range of motion studies. In addition, there was noted to be an FCE dated 11/17/2011, which there was a variable degree of effort on testing. The additional records reviewed included a prior 07/21/2011 dated MRI finding revealing a protrusion at L5-S1 with some abutment of the right S1 nerve root at that time. The prior denials discuss a clinical note from 08/15/2012 discussing a reported surveillance video of the claimant demonstrating that he could perform physical activities to return to work; however, that there were noted to be certain activities that were not entirely consistent with subjective complaints overall.

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

With the patient having been noted most recently to have a lack of significant or consistent abnormalities neurologically and this is despite the fact that the "reflexes are slightly depressed on the right-hand side" with regard to the right lower extremity in general, there was "no clear-cut weakness of lower extremities." It was also noted that the sensory exam was normal. In addition, there has not been recent documentation of any consistent correlation between the subjective findings and the objective findings on examination and the imaging/CT myelogram findings. Therefore, at this time, with the lack of significant correlation as noted above, the clinical guidelines applicable, in this case the ODG Guidelines, do not support of medical reasonableness or necessity of the requested right L5-S1 laminotomy/laminectomy type procedure.

The denial of the services is upheld.



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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)