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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Aug/19/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient right side redo L4-5 hemilaminotomy microdiscectomy with 23 hour observation and Lumbar Spine MRI

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

Board Certified Neurosurgeon

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)

Upheld--Outpatient right side redo L4-5 hemilaminotomy microdiscectomy with 23 hour observation

Overturned—Lumbar Spine MRI

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Operative report dated 05/16/12

Clinical notes dated 07/16/12 – 07/11/13

MRI of the lumbar spine dated 08/28/12

Prior reviews dated 05/29/13 & 06/27/13

Appeal letter dated 07/30/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. The patient is noted to be status post right sided L4-5 and L5-S1 microdiscectomy with a complete L5 laminectomy and L4 sub laminar decompression on 05/16/12. The patient reported progressively severe postoperative pain on 08/27/12 and received trigger point injections at this visit. MRI studies of the lumbar spine completed on 08/28/12 demonstrated a recurrent disc herniation at L5-S1 asymmetric to the right contacting the right S1 nerve root. A residual disc protrusion at L4-5 was noted and there was bilateral foraminal narrowing present at L5-S1. The patient was noted to be utilizing anti-inflammatories to include Meloxicam and Celebrex. The patient was also provided with a Medrol dose pack and utilized narcotics for pain control. Follow up on 02/04/13 stated the patient continued to report low back pain radiating to the lower extremities, right worse than left. The patient denied any progression of the symptoms. Physical examination at this visit demonstrated no neurological deficits. There was an

antalgic gait noted. The patient indicated that his pain was controlled with an increase in Neurontin. The patient also reported better relief with Hydrocodone. Follow up on 05/21/13 stated that the patient continued to have complaints of low back pain radiating to the lower extremities, left worse than right. The patient's physical examination at this visit demonstrated no evidence of motor weakness in the lower extremities. Reflexes were 1+ and symmetric in the lower extremities. There was no abnormal sensation to light touch. Updated MRI studies were recommended for the lumbar spine at this visit. The clinical report on 07/11/13 indicated the patient had had an interval increase in weakness in the lower extremities at the extensor hallucis longus and tibialis anterior. No clear physical examination findings were noted.

The request for revision lumbar laminotomy and microdiscectomy at L4-5 with 23 hour observation and MRI of the lumbar spine was denied by utilization review on 05/29/13 as there were no updated objective findings to include sensory or motor deficits or other positive provocative tests for lumbar radiculopathy to support the surgical request or new MRI studies. The last clinical note reported for this denial was 05/21/13.

The request was again denied by utilization review on 06/27/13 as there was no evidence on physical examination to support the requested procedures. There was an appeal letter dated 07/30/13 which provided no additional information.

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

The patient has been followed for ongoing low back and radicular pain following an initial lumbar decompression at L4-5 and L5-S1. MRI studies from August of 2012 did show a recurrent disc herniation at L5-S1 which due to a rudimentary disc could be termed L4-5. The clinical documentation indicates the patient was recommended for updated imaging studies due to the age of the MRI study completed in August of 2012. Given that the patient presented on 07/11/13 with reported increase in weakness in the lower extremities at the extensor hallucis longus and tibialis anterior, it is this reviewer's opinion that the requested MRI study of the lumbar spine is medically necessary to reevaluate the lumbar spine in light of new progressive weakness in the lower extremities. The clinical documentation submitted for review does not establish that the patient has any focal neurological deficits consistent with the L4-5 level that would require revision decompression procedures at this point in time. It is felt that updated imaging studies would be warranted prior to pursuing further surgical intervention. As such, medical necessity is established for the MRI study of the lumbar spine only.

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