CASEREVIEW

8017 Sitka Street
Fort Worth, TX 76137
Phone: 817-226-6328
Fax: 817-612-6558

Notice of Independent Review Decision

December 31, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Recon L4/5 laminectomy L5/S1 decompression w/ 1 day LOS 63030, 63047, 95920 to complete by 1-11-13.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This physician is a Board Certified Orthopedic Surgeon with over 13 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
02/15/07: Consultation with XXXX, MD
03/14/07: MRI Lumbar Spine
03/14/07: Follow-up
04/19/07: Follow-up
07/24/08: Follow-up
09/12/08: Procedure Note by XXXX, MD
10/02/08: Follow-up
10/24/08: Electrodiagnostic Study
11/07/08: Procedure Note
12/02/08: Follow-up
03/16/09: Follow-up
06/15/09: Follow-up
12/14/09: Follow-up

06/14/10: Follow-up
12/22/10: Follow-up
01/19/11: Procedure Note
02/16/11: Follow-up
03/30/11: Procedure Note
04/20/11: Follow-up
08/31/11: Procedure Note
03/19/12: Consultation by XXXX MD
05/21/12: Follow-up
08/27/12: Follow-up 10/09/12
Behavioral Medicine Evaluation
10/24/12: UR performed
11/30/12: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who was injured while lifting a compressor out of a condensing unit. At that time he felt pain in his lower back. It was reported that he had prior back pain that was treated with chiropractic care and medication including Flexeril and Naproxen.

The claimant was evaluated by XXXX, MD for low back pain. On physical exam his lumbar spine demonstrated palpation tenderness in the right midlumbar region. No tenderness on the left side. Flexion reproduces some mild pain in the right lower back and his right buttock pain was appreciated. Extension increased pain severe with radiation down into the right anterior thigh. Facet loading did not increase his pain. Seated root testing was negative bilaterally. Femoral stretch maneuver was mildly positive on the right, negative on the left. Sensation was grossly intact to light touch. Strength 5/5 bilaterally. Reflexes were 2+ symmetric in both patellar and Achilles. Assessment: Acute onset of right-sided lower back pain, right anterior thigh, leg pain, possible L3 radiculitis on the right side. Plan: MRI, continue with Naproxen and Flexeril.

MRI Lumbar Spine, Impression: 1. Congenital narrowing of the spinal canal identified from L2 through L4-5 further attenuated as described. 2. 6 mm broad-based ventral defect at L4-5 representing small posterior osteophytes with disc material which slightly exceed the bony margins and contains an annular fissure. The AP diameter of the spinal canal is 10 mm. 3. 7 mm broad-based ventral defect at L5-S1 representing small posterior osteophytes with disc which exceeds the bony margins causing mass-effect on the anterior thecal sac extending behind the S1 vertebral body with contact of the left S1 nerve root. An annular fissure is suspected at this level. 4. Mild disc desiccation without disc space height loss at L4-5 and L5-S1. There is a small S1-2 disc space identified. 5. Small focus of T1 and T2 prolongation within the S3 vertebral body. This is a nonspecific finding and most likely represents an atypical hemangioma. A limited CT scan through this region would be helpful for further evaluation. 6. Abnormal appearance of the pars region on the right at the S1 level. A pars defect with sclerotic changes cannot be entirely excluded. This could also be further evaluated with CT as indicated.

The claimant was re-evaluated by XXXX, MD who reported he had been sent back to full duty work and his pain had been about a 2 or 3, but he returns with increased pain in the same area and distribution down his right thigh, leg, and occasionally below the knee with his right leg buckling on him. His primary physician had prescribed Hydrocodone, Flexeril and prescription strength ibuprofen. On sensory exam he demonstrated reduced sensation in the right thigh and right anterior shin area. His strength was a ½ to 1 grade weakness in the right ankle dorsiflexor, ½ grade weakness in the right knee extensor, but normal strength on plantar flexion and eversion. Assessment: Recurrent low back pain, right leg pain with weakness in the right L4-5 distribution possibly consistent with the underlying L4-5 disk protrusion/herniation he demonstrated on his previous MRI. Plan: Right L4-5 transforaminal ESI for diagnostic and therapeutic value as well as an EMG/nerve conduction study to evaluate the weakness in his right leg.

On September 12, 2008, Procedure Note. Postoperative Diagnosis: 1. Low back pain. 2. Lumbar disk herniation. 3. Right lumbar radicular syndrome. Procedure: Right L4-5 transforaminal epidural steroid injection #1.

On October 2, 2008, the claimant was re-evaluated by XXXX, MD who reported 50% improvement with the ESI. Plan: Second ESI and EMG/NCS.

On October 24, 2008, Dr. XXXX performed an EMG/NCS. Impression: There is subtle, but not conclusive, electrodiagnostic evidence of a right L5 radiculopathy.

On November 7, 2008, Procedure Note by XXXX, MD. Postoperative Diagnosis: 1. Low back pain. 2. Lumbar disk herniation with right sided lumbar radicular syndrome. Procedure: Right L4-5 transforaminal epidural steroid injection #2.

On October 2, 2008, the claimant was re-evaluated by XXXX, MD who reported a reduction in pain to a 1.5 to 2 in the lower back and 1.5 in the midback. Plan: Maintain him on Lyrica and Flexeril and restricted duty and see how he does over the next 3 months.

On December 14, 2009, the claimant was re-evaluated by XXXX, MD who reported there were no changes in his pain levels, leg pain about a 2 and low back pain about a 3. He was not on restricted duty and takes Flexeril and Mobic. He did report that there were still intermittent periods, where he felt pain predominantly on the right side of this lower back with radiation into the right anterior thigh. Plan: Follow-up in 6 months.

On December 22, 2010, the claimant was re-evaluated by XXXX, MD who reported increasing pain with a pain level of 7/10. His pain was predominantly on the right side with not so much leg pain. On exam he had increased pain on lumbar flexion and extension internalized to the right side with intermittent radicular component of pain and mildly positive dural tension sign. Plan: Right L4-5 transforaminal epidural and continue with meloxicam and Flexeril.

On January 19, 2011, Procedure Note by XXXX, MD. Postoperative Diagnosis: 1. Low back pain. 2. Multilevel disc herniation with the worst at L4-5 with right sided lumbar radicular syndrome. Procedure: Right L4-5 transforaminal epidural steroid injection.

On February 16, 2011, the claimant was re-evaluated by XXXX, MD who reported he still had pain stabbing in nature across the right buttock, upper pelvic area into the right anterior thigh. . Plan: Repeat ESI.

On March 30, 2011, Procedure Note by XXXX, MD. Postoperative Diagnosis: 1. Low back pain. 2. Lumbar disc herniation. 3. Right lumbar radicular syndrome. Procedure: Right L4-5 transforaminal epidural steroid injection.

On April 20, 2011, the claimant was re-evaluated by XXXX, MD who reported he was doing better. His pain level was none in the leg (down from 4 or 5) and lower back was a 3/10.

On August 31, 2011, Procedure Note by XXXX, MD. Postoperative Diagnosis: 1. Lumbar disk herniation. 2. Right sided lumbar radicular syndrome. Procedure: Right L4 selective nerve root injection (This was injected at the second-to-last mobile lumbar vertebra; we will call it the L4 foraminal level.)

On March 19, 2012, the claimant was evaluated by XXXX., MD for low back pain and right leg pain. On exam Hoffman sign was absent. Lower extremities ere 5/5 in the gastrocsoleus, anterior tibialis, extensor hallucis longus, quadriceps, and hamstrings. Diagnosis: Herniated disk at L4-5 and L5-S1. Plan: MRI. Radiology Report for x-rays from 03/19/12: No scoliosis, no spondylolisthesis, and no segmental instability, but he does have a transitional segment at the lumbosacral junction.

On May 21, 2012, the claimant was re-evaluated by XXXX., MD who reported the claimant was complaining of progressive worsening back pain with right lower extremity pain, right lower extremity weakness, issues with foot catching, foot drop, and essentially falling or walking even on the flat surfaces. On exam his strength was graded 5/5 on the left and 4/5 on the right anterior tibialis and extensor hallucis longus. Tension signs were positive on the right lower extremity. Plan: MRI of the lumbar spine.

On August 15, 2012, MRI Lumbar Spine, Impression: 1. There is a central disc herniation at L4-5 which results in mild canal stenosis and symmetrical narrowing of the lateral recess. 2. There is a loss of disc height and a central disc herniation eccentric to the right at L5-S1. There is at least moderate impingement of the passing right S1 root and there is also foraminal narrowing bilaterally. There is a right-sided pars defect suggested at this level.

On August 27, 2012, the claimant was re-evaluated by XXXX MD who reported that his neuro exam was unchanged from the previous visit. Diagnosis: L4-5, L5-

S1 HNP, Disc degeneration L4-5, L5-S1. Plan: Indication for surgery with right leg pain, right leg weakness, failure of conservative treatment, Lumbar discectomy L4-5, L5-S1. Prescription for Mobic 15 mg and Flexeril 10 mg.

On October 9, 2012, the claimant underwent a Behavioral Medicine Evaluation by XXXX, PhD for presurgical psychological screening. Current pain was rated as a 8/10. General Conclusions: Mild adjustment issues. Psychosocial concerns should not impact the outcome of the surgery. Psychological Assets: Continued to work many years with back pain until recently, supportive spouse, and limited medication use. Psychological Liabilities: Potential pacing problems.

On October 24, 2012, XXXX, MD performed a UR. Rationale for Denial: The clinical documentation submitted for review lacks evidence to support the current request. The documentation submitted did not include a recent thorough physical exam of the patient to support the patient's subjective complaints of radiculopathy to the right lower extremity. Additionally, the clinical notes submitted for review did not include recent conservative modalities the patient has exhausted prior to surgical interventions to the lumbar spine for his pain complaints. Guidelines indicate specific criteria prior to surgical interventions to the lumbar spine to include documentation of symptoms and findings which confirm presence of radiculopathy, objective findings on examination need to be present. Given the above, the request for L4-5 laminectomy L5-S1 decompression with 1 day LOS is non-certified.

On November 30, 2012, XXXX, MD performed a UR. Rationale for Denial: The previous determination indicated that the medical records lacked evidence to support the request. The documentation submitted did not include a recent thorough physical examination of the patient to support the subjective complaints of radiculopathy to the right lower extremity. Additionally, the clinical notes submitted for review did not include recent conservative modalities the patient had exhausted prior to surgical intervention. Therefore, the request was non-certified. The additional records submitted for this review also include an incomplete clinical note of 9/13/12. A complete physical examination was not demonstrated on that note. Although the records indicate the patient had had epidural steroid injections and selective nerve root block, with the last procedure being performed on 08/31/11, no physical therapy notes were provided for this review to document exhaustion of conservative care. Guidelines indicate that this procedure can be considered reasonable with clinical exam that correlates with imaging studies and documentation of conservative care. As such, the issues raised on initial determination have not been resolved by the additional records, and guideline criteria have not been met. This request for reconsideration for surgery is not considered medically necessary. The request includes a one day length of stay, and as surgery is not considered reasonable, the one day length of stay is also not reasonable at this time.

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

The previous adverse determinations are upheld. The claimant is not indicated at the present time for a laminectomy at L4-5 and decompression at L5-S1.

I agree with the concerns of Dr. XXXX and Dr. XXXX that the claimant had not fully exhausted non-operative treatment with physical therapy. The ODG recommends a full course of physical therapy prior to consideration for discectomy or laminectomy. Additionally, there is not a recent physical examination with objective clinical findings of radiculopathy to meet ODG guidelines.

Based on my review of the records, it is also unclear why the claimant has lower back pain. He has disc degeneration at two levels. He also has a potential pars defect at L5-S1, identified on the 8/15/12 MRI. The possibility of a pars defect should be further defined with a CT of the lumbar spine as the presence of a true pars defect would require a different surgical procedure. Low back pain associated with degenerative disc disease may also require a different surgical procedure.

The request for Recon L4/5 laminectomy L5/S1 decompression w/ 1 day LOS 63030, 63047, 95920 to complete by 1-11-13 is not found to be medically necessary at this time. Although the 1 day LOS does meet ODG guidelines, as the surgery is not found to be medically necessary, the 1 day LOS would then also not be medically necessary.

PER ODG:

ODG Indications for Surgery™ -- Discectomy/laminectomy --
Required symptoms/findings; imaging studies; & conservative treatments below:
I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging.
Findings require ONE of the following:

A. L3 nerve root compression, requiring ONE of the following:
    1. Severe unilateral quadriceps weakness/mild atrophy
    2. Mild-to-moderate unilateral quadriceps weakness
    3. Unilateral hip/thigh/knee pain
B. L4 nerve root compression, requiring ONE of the following:
    1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
    2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
    3. Unilateral hip/thigh/knee/medial pain
C. L5 nerve root compression, requiring ONE of the following:
    1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
    2. Mild-to-moderate foot/toe/dorsiflexor weakness
    3. Unilateral hip/lateral thigh/knee pain
D. S1 nerve root compression, requiring ONE of the following:
    1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy
    2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness
    3. Unilateral buttock/posterior thigh/calf pain

(EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)

II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:

A. Nerve root compression (L3, L4, L5, or S1)
B. Lateral disc rupture
C. Lateral recess stenosis

Diagnostic imaging modalities, requiring ONE of the following:

1. MR imaging
2. CT scanning
3. Myelography
4. CT myelography & X-Ray

III. Conservative Treatments, requiring ALL of the following:

A. Activity modification (not bed rest) after patient education (>= 2 months)
B. Drug therapy, requiring at least ONE of the following:
   1. NSAID drug therapy
   2. Other analgesic therapy
   3. Muscle relaxants
   4. Epidural Steroid Injection (ESI)
C. Support provider referral, requiring at least ONE of the following (in order of priority):
   1. Physical therapy (teach home exercise/stretching)
   2. Manual therapy (chiropractor or massage therapist)
   3. Psychological screening that could affect surgical outcome

4. Back school (Fisher, 2004)

For average hospital LOS after criteria are met, see Hospital length of stay (LOS).

ODG hospital length of stay (LOS) guidelines:

Discectomy (*icd 80.51 - Excision of intervertebral disc*)
Actual data -- median 1 day; mean 2.1 days (± 0.0); discharges 109,057; charges (mean) $26,219
Best practice target (no complications) -- *1 day*

Laminectomy (*icd 03.09 - Laminectomy/laminotomy for decompression of spinal nerve root*)
Actual data -- median 2 days; mean 3.5 days (±0.1); discharges 100,600; charges (mean) $34,978
Best practice target (no complications) -- *1 day*

Note: About 6% of discharges paid by workers' compensation.

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)**