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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jan/14/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient 23 hour observation lumbar laminectomy foramenectomy L2/3, L3/4, L4/5, L5/S1

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

MRI lumbar spine 01/05/10

CT myelogram lumbar spine 08/03/10

Operative report 04/29/11

Clinical notes 07/28/11-10/11/11

MRI lumbar spine 11/07/11

X-ray lumbar spine 11/07/11

Clinical note 01/04/12 and 03/07/12

Manual muscle strength exam lumbar spine 03/07/12

Clinical note 05/07/12-11/09/12

Previous utilization reviews 09/10/10 and 08/27/12 and 11/20/12 and 11/27/12 and 12/13/12

IRO 12/28/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury to her low back. CT myelogram dated 08/03/10 revealed marked narrowing noted at L2-3 with vacuum phenomenon of the disc with a small osteophyte arising along the anterior aspect of the vertebral bodies at L2-3. Moderate narrowing with an inter of the intervertebral disc space was noted at L3-4. A mild generalized circumferential annular disc bulge was noted as well. Moderate narrowing of the intervertebral disc with vacuum phenomenon was noted at L4-5 with a small osteophyte arising in the anterior aspect of the vertebrae. Operative report dated 04/29/11 detailed the patient undergoing an epidural steroid injection at L5-S1. Clinical note dated 06/28/11

detailed the patient complaining of left shoulder pain rated as 8/10. The patient also noted discogenic pain at the L2-3 and L3-4 levels. Clinical note dated 07/29/11 detailed the patient complaining of low back pain rated as 8/10. Upon exam, tenderness was noted at the midline of the lumbar spine with increased pain noted with forward flexion as well as lateral bending and twisting. Strength and sensation and reflexes were within normal limits. Clinical note dated 08/15/11 detailed the patient continuing with severe tenderness in the left lower lumbar region with decreased range of motion specifically with flexion and extension. The patient had a positive straight leg raise on the left at that time. Paresthesia was noted at the left lateral aspect of the left lower extremity down the medial aspect of the first toe. The patient experienced a 60% relief of pain following the epidural steroid injection for approximately six weeks. A second epidural steroid injection was approved; however, the patient requested to hold off on injections. The patient rated her low back pain as 7/10 at that time. Straight leg raise elicited back pain and leg pain bilaterally. Clinical note dated 10/11/11 detailed the patient continuing with severe tenderness at the mid and lower lumbar region with decreased range of motion with flexion and extension. MRI of the lumbar spine dated 11/07/11 revealed a mild broad based posterior disc bulge with moderate bilateral facet hypertrophy. At L2-3, mild effacement of the thecal sac was also noted. A broad based posterior disc bulge was noted at L3-4 with mild hypertrophic changes. Moderate stenosis was noted at the bilateral exiting neural foramina. Moderate broad based posterior disc bulge was noted at L4-5 with moderate to severe stenosis noted at the bilateral exiting neural foramina. Moderate broad based posterior disc bulge was noted at L5-S1 with moderate to severe hypertrophy. Moderate stenosis was noted at the bilateral exiting neural foramina. The clinical note dated 01/04/12 details the patient complaining of severe back pain. The patient was noted to have undergone the use of a morphine drip. The patient was noted to have complaints of numbness in the outer thigh along with spasms in the right calf muscle. Per clinical note dated 03/07/12, the patient continued with low back complaints. Paresthesia was noted at the lateral aspects of the lower extremities all the way to the heels. Clinical note dated 05/07/12 details the patient having diminished reflexes in the bilateral lower extremities. Weakness was noted with knee flexion and extension. Paresthesia continued along both thighs. The clinical note dated 11/09/12 details the patient continuing with low back pain with a radiculopathy component noted in the lower extremities. The patient was noted to have complaints of numbness, tingling, and weakness throughout the lower extremities.

The previous utilization review dated 08/27/12 resulted in a denial secondary to a lack of imaging studies confirming the patient's neurocompressive findings.

The utilization review dated 11/20/12 resulted in a denial secondary to a lack of significant clinical findings involving a radiculopathy component. Additionally, there was a lack of completion of conservative measures as the previous epidural steroid injections were performed at L3-4 and L4-5 whereas the specific request involves a laminectomy and foraminectomy from L2-S1.

The previous utilization review dated 11/27/12 resulted in a denial secondary to a lack of significant findings involving a radiculopathy component.

The utilization review dated 12/06/12 resulted in a denial secondary to a lack of objective evidence regarding the patient's radiculopathy component, as well as completion of a pre-surgical psychosocial screening.

The IRO dated 12/28/12 resulted in a denial secondary to a lack of objective evidence regarding the patient's radiculopathy component, as well as completion of a pre-surgical screening.

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

The request for a lumbar laminectomy and foraminectomy at L2-3, L3-4, L4-5, and L5-S1 is non-certified. The documentation submitted for review elaborates the patient complaining of ongoing low back pain. The Official Disability Guidelines recommend a laminectomy and

foraminectomy in the lumbar spine provided the patient meets specific criteria to include significant clinical findings noted in the appropriate distribution as well as completion of all conservative treatments. There is a lack of information regarding the patient's previous completion of all conservative measures to include physical therapy as no dates or the number of therapy sessions were included in the documentation. Additionally, there is no submitted psychological screen addressing any confounding issues and potential outcomes of the impending surgery. Given the lack of information regarding the completion of all conservative measures, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support the request at this time.

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)