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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Dec/27/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Laminectomy and Foraminectomy and Foraminotomy at the L5 to S1 levels, with 23 hours observation, as an outpatient

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

Board Certified 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 medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Functional capacity evaluation 08/03/12
Designated doctor evaluations 11/04/11 and 05/29/12
Radiographs cervical spine and lumbar spine 11/22/11
Radiographs lumbar spine 04/16/12
MRI lumbar spine 09/20/11 and 05/24/12
Clinical notes 07/22/11-11/20/12
Procedure note 08/16/12
Operative report 11/18/11
Cover sheet and working documents
Prior reviews 11/09/12 and 11/29/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who had been followed for complaints of low back pain radiating to the lower extremities since 07/05/11. The patient was status post multiple lumbar microdiscectomies, most recently on 11/18/11 at L5-S1. Post-operatively, the patient had complaints of soreness and stiffness in the lumbar spine. The patient reported improvement in right lower extremity pain. The patient was referred for a post-operative physical therapy program. The patient reported ongoing numbness in the last two digits of the right foot through 03/12. Evaluation on 04/16/12 stated that the patient had a recent increase in right low back pain radiating to the right lower extremity. Physical examination at this visit

revealed a positive straight leg raise to the right eliciting right lower extremity pain. Weakness was present at the right extensor hallucis longus as compared to the left with paresthesia present in a right L5 nerve root distribution. Radiographs reported as normal and the patient was recommended for a repeat MRI study as well as epidural steroid injections. A repeat MRI of the lumbar spine on 05/24/12 revealed 2mm disc bulging at L5-S1 with enhancing right anterolateral and right lateral epidural scar formation surrounding the L5 and S1 nerve roots to the right. No recurrent or residual disc herniations were noted. There was right anterolateral and subarticular recess narrowing noted with impingement of the right S1 and with impingement of the right L5 and S1 nerve roots. The patient underwent an epidural steroid injection in 08/12 and follow up on 08/28/12 stated that the patient had resolution of burning pain in the right lower extremity with ongoing pain in the back of the right calf as well as right foot numbness. Physical examination at this visit revealed diminished sensation in a right S1 nerve root distribution. Achilles reflexes were also absent to the right. opined that there was some residual foraminal narrowing at L5-S1 which would benefit from a repeat laminectomy and foraminotomy. Clinical evaluation on 10/29/12 stated that the patient continued to have lower extremity symptoms to the right, including numbness and tingling and weakness. The patient also reported ongoing low back pain. Physical examination revealed severe tenderness to palpation with decreased range of motion of the lumbar spine. The patient continued to demonstrate decreased sensation in a right S1 nerve root distribution with an absent right Achilles reflex. The patient continued to report neurogenic claudication symptoms. The patient was prescribed Celebrex and Flexeril. The request for a repeat lumbar laminectomy and foraminotomy at L5-S1 with a 23 hour observation was denied by utilization review on 11/09/12 as there was no evidence of recurrent disc herniation and because surgery would only enhance epidural fibrosis scarring and increase symptoms for the patient. The request was again denied by utilization review on 11/29/12 as there was no evidence of nerve root impingement at L5-S1 that would support the surgical procedures.

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

The requested repeat lumbar laminectomy and foraminotomy and foraminotomy at the L5 to S1 levels, with 23 hours of observation, as an outpatient is not recommended as medically necessary based on the clinical documentation provided for review. Per the clinical documentation, the patient had ongoing right lower extremity symptoms that improved temporarily with epidural steroid injections in 08/12. MRI studies from 05/12 revealed right sided articular recess stenosis with impingement of the right L5 and S1 nerve roots secondary to epidural scar formation. Although the exam findings are consistent with persistent nerve root irritation to the right at L5 and S1 secondary to epidural scar formation, the MRI findings suggest that further surgical procedures would be further surgical procedures would not reasonably improve current functional levels or current functional status. In all reasonable medical probability, further surgical intervention including foraminotomy and laminectomy at L5-S1 would only increase the amount of epidural scar tissue noted in the MRI study. Although the patient may have temporary relief with surgery, it is likely that worsening symptoms will occur following any repeat surgical procedures at L5-S1. It is noted that the patient had appropriate response from prior epidural steroid injections which suggests that further minimally invasive procedures such as adhesiolysis may be warranted over surgical intervention. As such, medical necessity for the requested services is not established and the prior review denials are upheld.

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)