

# US Resolutions Inc.

An Independent Review Organization  
3267 Bee Caves Rd, PMB 107-93  
Austin, TX 78746  
Phone: (361) 226-1976  
Fax: (207) 470-1035  
Email: manager@us-resolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Dec/26/2012

IRO CASE #:

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Repeat laminectomy with foraminotomy L4-5, L5-S1 CPT 63042 x 2, 69990, C1765 and 2 days of inpatient hospital stay

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D. 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.** It is the opinion of the reviewer that medical necessity is not established for the requested repeat laminectomy with foraminotomy L4-5, L5-S1 CPT 63042 x 2, 69990, C1765 and 2 days of inpatient hospital stay

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Cover sheet and working documents  
MRI lumbar spine dated 11/11/10  
Lumbar, Thoracic and Rib X-rays undated  
Radiographic report lumbar spine 3 views dated 11/12/10  
Workers Compensation Narrative 12/7/10  
Electrodiagnostic studies dated 12/07/10  
Evaluation 1/6/11  
Designated Doctor Exam 1/27/12  
Request for authorization 2/15/12  
MRI lumbar spine without contrast dated 02/23/12  
Electrodiagnostic studies dated 02/28/12  
Workers Compensation Narrative 2/28/12  
Designated Doctor Exam 7/20/12  
IRO dated 08/20/12  
Various notes 10/25/10-10/26/12  
Orthopedic consult dated 10/09/12  
Surgery reservation sheet dated 10/17/12  
Attorney Letter 10/24/12  
Utilization review determination dated 10/24/12  
Utilization review determination dated 10/31/12

**PATIENT CLINICAL HISTORY [SUMMARY]:** The claimant is a male whose date of injury is xx/xx/xx. The claimant was pulling on a chain to try to open a large door when the chain broke and caused the claimant to fall backwards onto his buttocks. Records indicate that the claimant has a history of previous lumbar laminectomy performed in 1999. On 07/06/11, the claimant underwent T11-12 laminectomy with L4-5, L5-S1 re-exploration laminectomy. The claimant was most recently seen on 10/09/12 for orthopedic consultation. Repeat MRI following surgery performed 10/23/12 noted L5 is labeled as a transitional vertebra. Disc narrowing was noted at L2-3, L3-4, L4-5, and L5-S1. At L2-3 there is a broad-based disc bulge, with facet and ligamentous hypertrophy seen. Mild to moderate central canal stenosis is noted at this level. At L3-4 there is disc narrowing with degenerative endplate change with disc protrusion noted which indents the thecal sac. There is asymmetric extension foraminal and laterally to the right with right foraminal stenosis. Facet and ligamentous hypertrophy is present with moderate central canal stenosis. At L4-5 there is disc narrowing with a mild broad-based disc bulge, facet hypertrophy, and mild central canal stenosis. At L5-S1, there is no significant abnormality at this transitional level. Electrodiagnostic testing on 02/28/12 reported abnormal bilateral L4-S1 EMG consistent with acute denervation effect in the right L5 distribution. Physical examination performed on 10/09/12 reported diminished sensation along the right L5 distribution. Tibialis anterior strength testing revealed some weakness on the left as opposed to the right, but the extensor hallucis longus was clearly weak bilaterally. Straight leg raise was positive on the right at 30 degrees, reproducing leg pain, with positive straight leg raise on the left at 60 degrees. There was lumbar tenderness with spasms and markedly diminished lumbar range of motion.

A request for authorization of repeat laminectomy with foraminotomy was determined as not medically necessary per utilization review performed on 10/24/12. It was noted that there was a lack of documentation regarding conservative treatment for the lumbar spine including physical therapy and/or epidural steroid injections.

A request for reconsideration of repeat laminectomy with foraminotomy at L4-5, L5-S1 and 2-day inpatient hospital stay was determined to not meet medical necessity guidelines per utilization review performed on 10/31/12. It was noted that laminectomy/laminotomy is recommended for lumbar spinal stenosis, and foraminotomy can also be performed for neural foraminal stenosis and radicular problems. It was noted that there was clearly a L5 radiculopathy present from neural foraminal stenosis and associated central stenosis with neurogenic claudication. Of concern, in this case, were the levels recommended for surgery and the MRI findings. The requesting provider has pointed out that the radiology report mistakenly refers to L4-5 as L3-4 and to L5-S1 as L4-5. There is a transitional L5 vertebra present. At L5-S1 (read as L4-5 on the MRI), there is mild central canal stenosis present. At L3-4 (read as L2-3 on the MRI), there is mild to moderate central canal stenosis present as well. The reviewer expressed doubt concerning the need to do the L5-S1 level at all.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The documentation provided notes that the claimant sustained an injury on xx/xx/xx. He has a remote history of lumbar laminectomy in 1999. He has undergone T11-12 laminectomy, with L4-5, L5-S1 re-exploration laminectomy on 07/06/11. The claimant does not believe that the surgery was much help. MRI of the lumbar spine performed 02/23/12 revealed L5 as a transitional vertebra. A broad-based protrusion at L3-4 was noted with moderate central canal stenosis and right foraminal encroachment. At L4-5 there is disc narrowing with a mild broad-based disc bulge, facet hypertrophy, and mild central canal stenosis. The requesting provider asserts that the L3-4 level is actually L4-5 and that the L4-5 level is actually L5-S1 but there was a mistake on the radiology report. Electrodiagnostic testing revealed abnormal bilateral L4-S1 EMG consistent with acute denervation in the right L5 distribution. As noted on the previous reviews, there is no documentation that the claimant has had a recent course of conservative care including physical therapy and/or epidural steroid injections. While decompressive laminectomy may be appropriate at the L4-5 level, there is no clear indication for surgical intervention at L5-S1. Based upon review of the clinical data provided, it is the opinion of the reviewer that medical necessity is not established for the requested repeat laminectomy with foraminotomy L4-5,

L5-S1 CPT 63042 x 2, 69990, C1765 and 2 days of inpatient hospital stay

**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)