

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jan/22/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Decompression/Discectomy at Right L5-S1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D. O. Board Certified 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. It is the opinion of the reviewer that here is ample data contained in the clinical record which would indicate that the request for Decompression/Discectomy at Right L5-S1 is consistent with Official Disability Guidelines treatment recommendations and therefore the prior determinations are overturned as the request is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Request for IRO 12/03/12
Receipt of request for IRO 01/02/13
Utilization review determination 10/22/12
Utilization review determination 12/03/12
MRI lumbar spine 12/15/11
Clinical records 02/09/12-10/25/12
CT myelogram lumbar spine 06/14/12
MRI lumbar spine 06/26/12
MRI right shoulder 06/26/12
EMG/NCV study 09/05/12

PATIENT CLINICAL HISTORY [SUMMARY]: The claimant is a male who was reported to have a date of injury of xx/xx/xx. On the date of injury, he was lifting boxes weighing 25-50 pounds when he developed low back pain. The claimant originally came under the care of who provided him with oral medications and referred him for physical therapy. The record included an MRI of the lumbar spine dated 12/15/11 which noted low signal change in the L5-S1 disc and at L4-5 there was a 1mm posterior disc protrusion with mild effacement of the thecal sac and there was no spinal stenosis at this level and the neural foramina were intact. At L5-S1, there was a 5mm posterior disc herniation and the thecal sac was effaced and there was no involvement of the internal nerve roots and the neural foramina showed 20%

encroachment inferiorly with no evidence of entrapment. The claimant was later referred to and he was noted to have low back pain and right shoulder pain. On examination the claimant was 5'8" tall and weighed 192 pounds and he was reported to have a positive supine straight leg raise on the right but negative sitting straight leg raise bilaterally and difficulty with right toe rise and walking and motor strength was reported to be 5-/5 in the right EHL and gastrocnemius and sensory was intact and reflexes were 2+ and symmetric and the claimant was recommended to undergo right L5-S1 epidural steroid injection which was performed on 04/05/12. The claimant was reported to have no substantive relief with LESI. The claimant was continued on oral medications.

Records indicated that the claimant was seen in follow up on 05/29/12 when it was reported that the claimant had increased motor strength loss. He was reported to have 4/5 strength in the right EHL and gastrocnemius and left gastrocnemius and sensory remained intact in the L1 through L5 distributions and it was reported that sensory was decreased in the S1 distribution on the right and reflexes were 2+ at the knees and symmetric and absent at the ankles and symmetric and it was opined that the claimant was a candidate for a decompressive discectomy at L5-S1.

On 06/14/12, the claimant was referred for a lumbar myelogram which noted no extradural defects from L1-2 through L4-5 and there was no report of nerve root sleeve cut offs or effacement seen and it was reported that at L5-S1 there was an approximately 2-3mm retrolisthesis at L5/S1 with a broad based disc protrusion was present with contact but no displacement of the S1 nerve roots in the lateral recesses. The claimant was again recommended to undergo surgical intervention.

On 06/26/12, MRI was reported to indicate a loss of disc signal without narrowing at L5-S1 and a 2-3mm retrolisthesis with a 3-4mm central disc protrusion which contacted the anterior thecal sac in the midline. There was mild facet arthropathy.

The claimant was referred for EMG/NCV study on 09/05/12 which noted electrodiagnostic evidence consistent with mildly active right L5-S1 radiculopathies and records indicated that the claimant was again recommended to undergo surgical intervention.

The initial review was performed on 10/22/12 who non-certified the request noting that there was no clinical documentation that anti-inflammatory medications had been utilized or that there had been no active or that there had been active participation in a physical therapy program. A peer to peer was conducted in which it was reported that the claimant tried an extensive course of Naprosyn without improvement and the claimant participated in 16 sessions of formal physical therapy. He further noted that there was evidence of a radiculopathy, however. There was not strong concordance with imaging studies and subsequently he recommended against surgical intervention.

The appeal request was reviewed on 12/03/12 who non-certified the request noting that there was no nerve root entrapment at L5-S1 to correlate with the electrodiagnostic studies and that the electrodiagnostic study results appeared unreliable and he subsequently non-certified the request.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The submitted clinical records indicate that the claimant sustained an injury to his low back as a result of lifting. The claimant has subjective complaints of low back pain that have been unresponsive to conservative management consisting of oral medications and greater than 16 sessions of physical therapy and a lumbar epidural steroid injection without benefit. The claimant has undergone EMG/NCV studies which confirmed the presence of an L5-S1 radiculopathy primarily on the right which is consistent with the presence of a disc protrusion at the L5-S1 level and the records indicate slow progressive motor strength loss consistent with both imaging and electrodiagnostic studies. It is the opinion of the reviewer that here is ample data contained in the clinical record which would indicate that the request for Decompression/Discectomy at Right L5-S1 is consistent with Official Disability Guidelines treatment recommendations and

therefore the prior determinations are overturned as the request is medically necessary.

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)