

AccuReview

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Notice of Independent Review Decision

[Date notice sent to all parties]: January 23, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Microdiscectomy right L5/S1 63030, 69990, 77003, 2 day inpatient stay

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

This physician is Board Certified in Neurological Surgery with over 40 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:

08-29-11: Physical Therapy Evaluation
09-02-11: AP Lateral Lumbosacral Spine X-ray
09-21-11: MRI Lumbar Spine without Contrast
09-27-11: Physical Therapy Evaluation
10-17-11: EMG Report
11-17-11: Procedure Report
01-03-12: Trigger Point Injection Procedure Note
02-22-12: Office Visit: New Patient Office Visit Focused Exam
04-18-12: Office Visit: Non Operative Established Office Visit
04-18-12: Consultation Letter
05-24-12: Mental Health Assessment
05-30-12: Rx Refill
06-28-12: Recommendation Letter
08-28-12: Office Visit: Non Operative Established Office Visit

08-31-12: Maximum Medical Improvement and Impairment Rating
08-31-12: Report of Medical Evaluation for Texas Department of Insurance signed
09-21-12: Operative Report
10-15-12: Office Visit: Non Operative Established Office Visit
10-26-12: UR performed
11-09-12: Request for Reconsideration Worker's Comp
11-15-12: Ur performed
12-12-12: Office Visit: Non Operative Established Office Visit

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male that was injured in a work related injury on xx/xx/xx diagnosed with a lumbar strain after picking up a box approximately 15-20 lbs that resulted in sharp pain in his back and right lower extremity resulting in the claimant being unable to continue his normal route.

08-29-11: Physical Therapy Evaluation. Initial Observation: Severe lumbar paraspinal spasms. Structural Inspection: Limited-partial trunk ROM, severe spasms to Lumbar spine, complaints of some radiating pain to right thigh, antalgic gait to R LE, forward bent posture noted. Palpation to Tenderness to Lumbar paraspinal (R>L). Functional Problems: severe back pain, severe paraspinal muscle spasms/guarding, LOM and weakness, swelling/tenderness to palpation. Assessment: Claimant presented with lumbar spine spasms, LOM, weakness, tenderness and pain secondary to a strain sustained from trying to pick up a box-20lbs. He will benefit from pain/spasms modalities, gentle lumbar spine stretching and strengthening exercises to return to previous pain free status. Plan: Start with pain management and trunk ROM exercise as tolerated.

09-02-11: AP Lateral Lumbosacral Spine X-ray. Impression: 1. Spondylosis of the two lowest levels of the lumbar spine with facet arthropathy. 2. Mild levoscoliosis. 3. Mild osteoarthritis of both hips, more so of the left hip.

09-21-11: MRI Lumbar Spine without Contrast. Conclusion: There is a transitional type vertebra at the lumbosacral junction designated as a partially lumbarized S1 segment with prominent S1-2 interspace. Using this lumbar level designation, disc pathology is seen at the L4-5 and especially L5-S1 level as described. L5-S1: Posterior 3-4 mm disc protrusion/herniation presses on the thecal sac narrowing the medial aspect of the neural foramen bilaterally. There is a 3 mm thickening of the ligamentum flavum on each side contributing to narrowing of the lateral recess bilaterally with borderline spinal stenosis on axial imaging. On sagittal imaging, the degree of spinal stenosis appears somewhat prominent.

09-27-11: Physical Therapy Evaluation. Subjective: Claimant completed 6 treatment visits since last evaluation. He complains of constant numbness to R LE with episodes of knee buckling during standing/walking (twice in the last 2 weeks). Claimant continues to have stiffness and trunk LOM especially in AM. Assessment: Claimant continues to present with lower back stiffness, LOM,

weakness, LE numbness and pain at this time. States that he mainly bothered by tingling sensation to R LE. Claimant will be referred back for further recommendations pending MRI results. He is independent with self stretching with self stretching exercises for follow through. Plan: Follow up for recommendations.

10-17-11: EMG Report. Claimant has lower back pain and right leg pain and numbness. Weakness in the legs is present. 3 times falling. Exam showed normal strength, absent reflex bilaterally, decreased sensation on the top and bottom of the right foot. Summary/Interpretation: There is electro-physiologic evidence indicative of a mild right L5 radiculopathy.

11-17-11: Procedure Report. Procedure: Right Sacroiliac joint arthrogram under fluoroscopy, right sacroiliac joint injection under fluoroscopy. Pre-Operative Diagnosis: Right sacroiliitis (sacroiliac joint pain), lumbar sprain/strain. Post-operative Diagnosis: Right sacroiliitis (sacroiliac joint pain), lumbar sprain/strain.

01-03-12: Trigger Point Injection Procedure Note. Diagnosis: Myofascial Pain. Anatomic sites: lumbar paravertebral mm B 3/5. Moist heat pad was applied after trigger point injections. Plan: Continue current medications, Follow-up in 3 weeks.

02-22-12: Office Visit: New Patient Office Visit Focused Exam. Claimant complained of constant pain 8/10 that sometimes is 4/10, low back pain that radiates to right leg along with numbness and tingling. Rest: moderate relief. Medication: moderate relief. ESI: moderate relief. Physical Therapy: slight relief. Neurosurgery Lumbar Exam: Straight Leg raise Right: positive: lying at 45 degrees. Assessment: Assessment and Plan: Displacement lumbar intervertebral disc w/o myelopathy 722.10; back pain, lumbar with radiculopathy 724.4; Peripheral neuropathy, idiopathic 356.9. Other Impressions: Claimant present for lower back and right leg numbness. Imaging shows possible lesion compressing the columns producing the numbness to the leg. Recommendations: Recommend nerve conduction study for the lower extremities, MRI T-spine w/wo. Orders: MRI T-spine without contrast 72146; MRI T-spine with contrast 72129; EMG-NV2 2 extremities-related paraspinal also 95861. Medication Changes: Tramadol Hcl 50 mg, Lyrica 75 mg, Ibuprofen 800 mg.

04-18-12: Office Visit: Non Operative Established Office Visit. Claimant complained of right leg numbness and back pain. Assessment: Claimant presents for EMG results which is indicative of L5/S1 radiculopathy. After review of this MRI, there is evidence of a herniated disc at the same level. Recommendations: Foraminotomy and discectomy at L5/S1, right side.

05-24-12: Mental Health Assessment dictated. Testing and Evaluation: BDI-II: 10, minimal symptoms of depression; BAI: 7, minimal anxiety and preoccupation with somatic ailments. Axis I: 307.80 Pain Disorder, chronic; Axis II: none; Axis III: 724.4, 722.10 Physical disorders and condition/injury related pain; Axis IV: Psychosocial stressors (PSS 3), severe, chronic pain, inability to perform previous

job tasks, multiple social and physical losses and hardships; Axis V: Global Assessment of Functioning: Current: 67, Prior to Injury: 90. Summary and Recommendation: Claimant discloses that his pain has severely impacted normal functioning physically, vocationally and interpersonally. It is determined that the claimant is appropriate for participation in any physical intervention, which will give him a chance to decrease his level of pain and/or improve his current mobility and level of functioning. According to claimant responses and clinical information, it seems he is a good candidate for returning to an elevated level of physical functioning if his pain level decreases. Lumbar Foraminotomy and Discectomy at L5-S1 risk and possible outcomes discussed.

08-28-12: Office Visit: Non Operative Established Office Visit. Claimant complained of lower back pain. Objective Exam: pain upon flexion of the spine and numbness to right leg. Assessment: Claimant continues with symptoms despite sacroiliac pain injection, medication and physical therapy. Since the claimant has not had an ESI and I believe that this will help with his radicular pain. Recommendations: Schedule ESI L5/S1 right in office on 9/7/12.

08-31-12: Maximum Medical Improvement and Impairment Rating. Claimant complained of leg pain worse than back pain. Diagnosis: 1. Right radicular complaints with some correspondence objective findings and some pathology of L5-S1. 2. Lumbar facet and ligament changes, which are degenerative in nature and pre-existing. Partial sacrolization of S1 is pre-existing. The claimant is not at MMI because he still has radicular complaints with some corresponding positive findings on examination. There is lumbar spasm, only on the right side. There is right sciatic notch tenderness which produces pain down the leg. There is right thigh pain to palpation; poking produces tingling in the leg. There is right thigh and calf atrophy. Electrical testing shows mild radicular changes on the right. Recommend another ESI be done and claimant may need to be considered for an L5-S1 right laminectomy later if symptoms persist. Estimate date of MMI is January 1, 2013. Claimant is capable of Sedentary to Light work at this time. FCE ordered to determine restrictions and return to work status. Preliminary findings suggested the previous PDL of Light to Medium duty.

09-21-12: Operative Report. Preoperative Diagnosis: Lumbar radiculopathy, L5-S1, right side. Postoperative Diagnosis: Lumbar radiculopathy, L5-S1, right side. Procedure: Transforaminal epidural block injection.

10-15-12: Office Visit: Non Operative Established Office Visit. Claimant presented with right leg numbness and tingling and back pain, joint pain. Assessment: Claimant s/p to ESI L5/S1 right. The injection helped him for about 2-3 days and came back to base line with the same pain. Recommendations: Considering his condition and has exhausted conservative measurement, recommend a microdiscectomy right L5/S1.

10-26-12: UR. Reason for denial: Based on the Official Disability Guidelines the role of the proposed treatment in this case cannot be supported. The ODG would not recommend more than a one day inpatient stay for a microdiscectomy

procedure. Given the specific understanding of a two day inpatient length of stay requested as well as a lack of understanding of specific objective findings on recent clinical examination, the role of the proposed surgery in this case does not appear to be medically necessary or warranted.

11-15-12: Ur. Reason for denial: There is documentation of a previous adverse determination for lack of specific objective findings and lack of a rationale for a two day inpatient stay. 10/27/11 electrodiagnostic study demonstrates mild right L5 radiculopathy. 9/21/11 lumbar MRI demonstrates L5-S1 and bilateral neural foraminal narrowing and lateral recess narrowing. ODG criteria for lumbar decompression include clinical radiculopathy, corresponding imaging findings demonstrating neurocompressive lesions, failure of conservative care, and a support provider referral. However, there remains no recent physical exam demonstrating clinical S1 radiculopathy. Electrodiagnostic testing revealed mild right L5 radiculopathy only. Recommend non-certification. As the surgical request is non-certified, the associated request for as inpatient stay is also non-certified.

12-12-12: Office Visit: Non Operative Established Office Visit. Chief complaint: lower back pain. Subjective/History: Claimant complains of sharp constant pain to his back radiates to right leg numbness and tingling. Claimant mentioned when he sits down for long periods his legs go numb. Objective/Exam: Claimant ambulates with assistance of cane. Pain to spine. Numbness and tingling right leg. Straight leg raise right: positive, lying at 45 degrees. Back exam: tenderness lower midline lumbar weakness upon plantar flexion with paraspinal spasms. Assessment: Claimant continued with pain radiating to right leg with numbness down to foot. Unable to get approval for microdiscectomy, denied. Recommendations: Seek approval for surgical intervention. Continue current medications. In reviewer's opinion, claimant has 10% of disability and is unable to perform his duties. RTC 4-6 weeks.

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

The previous adverse determinations are upheld and agreed upon. After reviewing the medical records and documentation provided, there is not enough evidence based on reasonable medical probability of a relationship between the alleged on the job injury and the herniated disc per MRI 9/21/11 at the L5-S1 level, there is no clinical or EMG evidence of radiculopathy as defined per evidence based medicine and ODG guidelines. Therefore, the request for Microdiscectomy right L5/S1 63030, 69990, 77003, 2 day inpatient stay is denied.

Per ODG:

<p>Discectomy/ laminectomy</p>	<p>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).</p>
<p>Hospital length of stay (LOS)</p>	<p>ODG hospital length of stay (LOS) guidelines: Discectomy (<i>icd 80.51 - Excision of intervertebral disc</i>) Actual data -- median 1 day; mean 2.1 days (± 0.0); discharges 109,057; charges (mean) \$26,219 Best practice target (no complications) -- <i>1 day</i></p>

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)**