

# P-IRO Inc.

An Independent Review Organization  
1301 E. Debbie Ln. Ste. 102 #203  
Mansfield, TX 76063  
Phone: (817) 405-0878  
Fax: (214) 276-1787  
Email: resolutions.manager@p-iro.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Jun/21/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar Decompression at Right L4/5 and L5/S1

**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

Clinical notes dated 09/11/12 – 04/02/13

MRI of the lumbar spine dated 10/01/12

Procedure note dated 01/03/13

Physical therapy report dated 10/02/12

Prior review dated 04/10/13 & 05/17/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained an injury to the low back as a result of a motor vehicle accident on xx/xx/xx. The patient has been followed for complaints of low back pain radiating to the right lower extremity. The patient is noted to have undergone a prior cervical fusion from C3 to C7. Radiographs of the lumbar spine were stated to show minimal facet arthrosis at L5-S1. MRI studies of the lumbar spine performed on 10/01/12 demonstrated a 2mm right broad based disc bulge contributing to mild to moderate right lateral recess stenosis with possible impingement of the right L5 nerve root. Mild disc desiccation was noted at L5-S1 with mild disc bulging. The patient was seen for initiation of physical therapy in October of 2012 to include the McKinsey program. The patient reported continuation of low back pain without any relief of his lower extremity pain with physical therapy. The patient did undergo an epidural steroid injection at L5-S1 on 01/03/13. Follow up on 01/17/13 stated the patient had no significant change in symptoms with the epidural steroid injection. The patient did report 1 to 2 days of relief of right lower extremity symptoms from the injection; however, his pain returned to baseline levels after 2 days. The patient was utilizing Hydrocodone and

Robaxin for pain. Physical examination demonstrated a normal lumbar range of motion. No motor deficits, reflex changes, or sensory deficits were identified. Follow up on 04/02/13 stated that the patient has continued to utilize muscle relaxers and Hydrocodone for pain. The patient's physical examination did not demonstrate any changes in lumbar range of motion. There was mild weakness present at the right extensor hallucis longus with decreased sensation in a right L5-S1 dermatome.

The request for L4-5 and L5-S1 decompression was denied by utilization review on 04/10/13 as a MRI report was not available for review.

The request was again denied by utilization review on 05/17/13 as it was unclear to what extent the patient attended physical therapy and it was unclear at which level the L5 nerve root may have been compressed.

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

The patient has been followed for complaints of low back pain radiating to the right lower extremity despite the use of epidural steroid injections and physical therapy. Per the clinical documentation submitted for review, the patient did not demonstrate any clear benefits from physical therapy and only reported temporary benefits from epidural steroid injections. The clinical documentation submitted for review does not demonstrate clear concordant findings between the physical examination findings reported on the most recent evaluation and the imaging studies from October of 2012 which showed mild disc bulging at L4-5 and L5-S1. The MRI report did indicate that there might have been impingement of the right L5 nerve root at the L4-5 disc space; however, there was no clear neurocompressive findings noted at L5-S1. Further diagnostic testing to include EMG was not submitted for review to further support a diagnosis of lumbar radiculopathy that would reasonably warrant a 2 level decompression procedure. Although the patient may have a component of nerve compression in the lower lumbar spine, it is unclear from the physical examination or imaging studies at what level this is present. Without further diagnostic testing to establish a clear pain generator in the lumbar spine, the 2 level decompression request submitted would not be indicated. As such, it is this reviewer's opinion that medical necessity for the 2 level decompression at L4-5 and L5-S1 is not established and the prior denials are upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**