

IRO REVIEWER REPORT TEMPLATE -WC

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Notice of Independent Review Decision

[Date notice sent to all parties]:

06/18/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Recon bilat L4/5 laminotomy and microdiscectomy 63030 to complete by 8-23-13

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

Board Certified Orthopedic Surgeon

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:

MRI lumbar spine 12/20/12
Clinical records 12/20/12-04/18/13
Prior reviews 05/08/13 and 04/29/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who initially sustained an injury to the low back on xx/xx/xx. MRI of the lumbar spine on 12/20/12 demonstrated moderate disc desiccation at L4-5 with a 5mm central disc protrusion contributing to complete effacement of the CSF around the cauda equina with severe lateral recess stenosis. Mild neural foraminal stenosis was present. There was associated ligamentum flavum thickening as well as facet arthrosis contributing to severe canal stenosis. Prior treatment included pain medications and chiropractic manipulation. Initial exam findings on 12/20/12 demonstrated a non-antalgic gait. Range of motion of the lumbar spine was restricted on forward flexion with tenderness. There was diminished sensation in the left dorsal web space of the great toe and second toe.

Epidural steroid injections were recommended on 12/31/12. Follow up on 02/07/13 stated that the patient had immediate relief following epidural steroid injection with return to baseline levels of pain two days following the injection. The patient was provided prescription for Celebrex and referred for physical therapy on 02/07/13. Follow up on 04/18/13 stated that the patient had become worse despite physical therapy and anti-inflammatories. Updated physical examination demonstrated pain in the right lower extremity with straight leg raise testing. No changes were noted on neurological examination. The patient was recommended for bilateral L4-5 laminotomy with microdiscectomy at this visit. The request for an L4-5 laminectomy and discectomy was denied by utilization review on 04/29/13 as there was no documentation regarding any significant motor sensory or neurological deficits. The request was again denied by utilization review on 05/08/13 as there was a lack of objective physical examination findings of lumbar radiculopathy supporting the request.

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

The patient has had persistent complaints of low back pain radiating to the lower extremities following the xx/xx injury. Imaging studies revealed evidence of canal and ligament and lateral recess stenosis at L4-5. The patient did not improve with conservative treatment including epidural steroid injections, anti-inflammatories, or physical therapy. Physical examination findings revealed positive straight leg raise reproducing right lower extremity symptoms and diminished sensation in the left dorsal web space between the great toe and second toe. Current evidence based guidelines recommend lumbar discectomy and laminotomy procedures when there is clear objective evidence supporting a diagnosis of lumbar radiculopathy. Based on review of the exam findings there is insufficient objective evidence supporting a clear diagnosis of lumbar radiculopathy. There is no evidence of motor weakness or reflex changes that would correlate with the L4-5 dermatome. Straight leg raise results are not definitively proven to show evidence of lumbar radiculopathy. Without further diagnostic testing up to and including EMG/NCV studies, which would further support a diagnosis of lumbar radiculopathy, it is the opinion of this reviewer that medical necessity is not established at this time per guideline recommendations.

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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 & TREATMENT GUIDELINES

Official Disability Guidelines, Online Version, Low Back Chapter

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)