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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/24/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 2 days inpatient – laminectomy/ decompression left L4-5, L5-S1, and possible L3-4

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Neurological 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 this reviewer that the request for 2 days inpatient – laminectomy/ decompression left L4-5, L5-S1, and possible L3-4 is recommended as not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Impairment rating dated 08/04/04

RME dated 08/04/04

Electrodiagnostic studies dated 10/03/11

Clinical notes dated 10/04/11 – 05/21/13

Electrodiagnostic studies dated 01/18/13

CT myelogram dated 03/18/13

Previous medical records review dated 12/07/05

Previous utilization reviews dated 06/11/13 & 06/20/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury regarding his low back. The clinical note dated 10/04/11 details the patient complaining of low back pain with radiation of pain into both lower extremities. The note does detail the patient utilizing Nucynta, Cymbalta, Oxycontin, and Omeprazole for ongoing pain relief. Upon exam, the patient was noted to ambulate with a very unsteady gait. The patient was also noted to have a tendency to fall toward the left. The electrodiagnostic studies completed on 01/18/13 revealed a sensory motor peripheral polyneuropathy bilaterally. A chronic multi-level lumbosacral poly-radikulopathy was noted, moderate in severity specifically at the L4, L5, and S1 nerve levels bilaterally. The clinical note dated 02/28/13 details the patient having previously undergone multiple surgeries in the lumbar region. The patient stated the initial injury occurred when he fell off a truck in xx/xx. Subsequent surgeries include an L1-2 fusion in 2003, replacement of the rods and broken hardware in 2005, and a spinal cord stimulator placement in 2008. The patient was noted to have weakness in the lower extremities. Additionally, the patient rated the low back pain as 9/10. The note does detail the patient having undergone multiple conservative treatments. Upon exam, the patient demonstrated 3

to 4+/5 strength throughout the lower extremities. This was noted to be most notable with dorsa flexion on the left which was rated as 3/5 and plantar flexion which was noted to be 4+/5. The CT myelogram of the lumbar region dated 03/18/13 revealed trace retrolisthesis at L1-2 and L2-3. A 3mm retrolisthesis was noted at L4-5 with hypertrophic facet degenerative changes causing minimally central canal and mild right neuroforaminal stenosis. A 3mm retrolisthesis was also noted at L5-S1 with a small end plate osteophyte and hypertrophic facet degenerative changes causing mild bilateral neuroforaminal stenosis.

The clinical note dated 04/02/13 details the patient continuing with lumbar region pain with associated lower extremity weakness. The patient stated that in the morning the pain is minimal but becomes progressive as the day wears on. The patient was also noted to have drop foot which is noted to be chronic. Tingling was also noted in the toes. The patient was noted to have balance issues as well. The clinical note dated 05/16/13 details the patient being recommended for a surgical intervention for the low back complaints. The recommendation was for a decompression on the left at L3-4, L4-5, and L5-S1. The clinical note dated 05/21/13 details the patient continuing with an extensive list of pharmacological interventions.

The previous utilization review dated 06/11/13 for a decompression at L3-4, L4-5, and L5-S1 resulted in a denial secondary to no significant neurocompression was noted on the imaging studies at the appropriate levels.

The previous utilization review dated 06/20/13 for an L3-4, L4-5, and L5-S1 decompression resulted in a denial as the proposed procedure to include a decompression is not supported by guidelines at previously fused levels. Additionally, no conclusive electrodiagnostic evidence of a chronic multi-level radiculopathy was noted.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation submitted for review elaborates the patient having a long history of ongoing low back pain despite a number of surgical interventions. The Official Disability Guidelines recommend a decompressive surgery in the lumbar region provided the patient's imaging studies confirm neurocompressive findings. No information was submitted regarding the patient's significant findings indicating an L3-4 involvement by either neurocompressive findings or the submitted CT myelogram. Given that no information was submitted regarding the patient's stenosis or nerve root compression at the L3-4 level, this request is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for 2 days inpatient – laminectomy/ decompression left L4-5, L5-S1, and possible L3-4 is recommended as not 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)