

# Pure Resolutions LLC

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Jul/08/2013

### IRO CASE #:

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

Right L4/5 Disctomy and Right L5/S1 Decompression with 1 day LOS

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

Board Certified Neurosurgeon

### 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

Request for IRO dated 06/19/13

Receipt of request for IRO dated 06/21/13

Utilization review determination dated 05/24/13

Utilization review determination dated 06/18/13

Clinical notes dated 02/13/13, 03/06/13, and 05/01/13

MRI of the lumbar spine dated 02/28/13

Required medical examination dated 03/21/13

Clinical note dated 03/27/13

Procedure report, right L4-5 transforaminal lumbar epidural steroid injection dated 04/12/13

Clinical note dated 04/22/13

### PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. On the date of injury, the claimant fell on the concrete injuring his right hip. The claimant was later assessed with right hip sprain and lumbar radiculopathy. He was subsequently referred for a MRI of the lumbar spine on 02/28/13. This study notes a 2mm. bulge and a 3mm. right paracentral protrusion at L4-5 causing mild central stenosis at L4-5. The protrusion narrows the right subarticular recess containing the right L5 nerve root. There is disc space narrowing and facet joint hypertrophy resulting in mild bilateral foraminal stenosis at L4-5. There is a 2mm. bulge at L5-S1 which abuts the thecal sac and the S1 nerve roots. There is a 1mm. bulge at L3-4 which abuts the thecal sac. No lumbar compression, fracture, or

spondylolisthesis was identified. The claimant was referred who performed a right L4-5 transforaminal epidural steroid injection on 04/12/13. Post procedurally, the claimant was seen on 04/22/13. It is reported that epidural steroid injections were not effective and that the claimant has been unable to participate in physical therapy secondary to pain. On physical examination, he is noted to be 71 inches tall and weighs 215 lbs. He is reported to be uncomfortable. He has difficulty acquiring a full upright position when getting out of a chair. Right anterior tibialis strength is graded as 4/5 and right EHL and peroneus strength was graded as 4/5. There is positive right straight leg raise. The claimant was subsequently recommended to undergo lumbar decompression and discectomy.

The initial review was performed on 05/24/13. The reviewer non-certified the request noting that the claimant's physical examination findings do not correlate with the specified nerve roots. He notes that without clear evidence of significant nerve root compression at L5-S1 and without at least a diagnostic injection at L5-S1, the request is premature and not supported.

The appeal request was reviewed on 06/18/13. The reviewer non-certified the appeal request noting that the previous denial was due to a lack of epidural steroid injections being considered an ineffective at the L5-S1 level and the lack of significant nerve compression at L5-S1 based on MRI findings. He notes that the records do not reflect that the claimant has undergone physical therapy or a home exercise program and he reports no objective evidence of radiculopathy on physical examination. He subsequently non-certified the appeal 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 who sustained injuries in the course and scope of his duties. He fell onto the right side developing pain in the right hip and subsequently low back pain with radiation of pain to the right lower extremity. The claimant has undergone conservative management consisting of oral medications and epidural steroid injections without sustained relief. Imaging studies indicate a right posterolateral paracentral disc protrusion at L4-5 which abuts the right L5 nerve root. At L5-S1, there is again evidence of a disc bulge abutting the right S1 nerve root. The record includes a post DD examination in which provides detailed evaluation which clearly indicates that the claimant has evidence of active radiculopathy in the right lower extremity. He notes motor strength weakness which is consistent with other examinations. The claimant has failed to respond to appropriate conservative management and there is correlation between both his subjective complaints and objective findings on examination. Therefore, it is the opinion of this reviewer that the requested procedures are appropriate and therefore, medically necessary. Based on the information provided, the previous denials are overturned.

**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**