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Notice of Independent Review Decision

[Date notice sent to all parties]:

05/20/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: lumbar laminectomy and discectomy at right L4-5 and L5-S1, w/ 1- day in-patient stay

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)

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:
Clinical notes dated 10/30/12 – 04/17/13
MRI of the lumbar spine dated 10/05/12
MRI of the thoracic spine dated 10/12/12
Electrodiagnostic studies completed on 11/30/12
Previous utilization reviews dated 04/03/13 & 04/19/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury regarding his low back. The clinical note dated 10/30/12 details the patient stating the initial injury occurred when a truck and trailer hit another truck. The patient reported pain radiating to both lower extremities, right greater than left at that time. Upon exam the patient demonstrated limited range of motion throughout the lumbar region. No significant radiculopathy was noted at that time. The MRI of the lumbar spine dated 10/05/12 revealed disc herniations at L2-3, L4-5, and L5-S1. Mild bilateral neuro foraminal narrowing was noted at L2-3 and L4-5. Mild right neuro foraminal narrowing was noted at L5-S1. The electrodiagnostic studies completed on 11/30/12

revealed an L5 bilateral radiculopathy at L5 distribution. The clinical note dated 04/02/13 details the patient demonstrating decreased sensation of the L5 and S1 distributions on the right. The patient was noted to have a positive straight leg raise on the right.

The utilization review completed on 04/03/13 for a lumbar laminectomy and discectomy on the right at L4-5 and L5-S1 with a 1 day inpatient stay resulted in a denial secondary to a lack of completion of conservative treatments addressing the low back complaints.

The utilization review dated 04/19/13 for a laminectomy and discectomy on the right at L4-5 and L5-S1 with a 1 day inpatient stay resulted in a denial secondary to the fact that no objective evidence was provided regarding the patient's radiculopathy noted by clinical exam and no information was submitted regarding the patient's completion of all conservative treatments.

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 complaining of low back pain with radiating pain to the lower extremities. The Official Disability Guidelines recommend a laminectomy and discectomy of the lumbar region provided the patient meets specific criteria to include completion of all conservative treatments. No information was submitted regarding the patient having previously completed a full course of physical therapy, chiropractic therapy, or massage therapy. Additionally, it is unclear if the patient completed any previous injections addressing the low back complaints. Given that no information was submitted regarding the patient's completion of all conservative measures, this request does not meet guideline recommendations. As such, it is the opinion of this reviewer that the request for a lumbar laminectomy and discectomy on the right at L4-5 and L5-S1 with a 1 day inpatient stay is not recommended as medically necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES