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## Notice of Independent Review Decision

**DATE NOTICE SENT TO ALL PARTIES:** 5/27/13

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of outpatient bilateral laminectomy and discectomy at L5/S1.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

### **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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of outpatient bilateral laminectomy and discectomy at L5/S1.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: 4/4/13 denial letter, 4/29/13 denial letter, office notes and exam reports from from 12/6/12 to 3/28/13, 1/22/13 MRI report of lumbar spine, and 6/26/12 to 10/30/12 office/evaluation notes.

office notes and exam reports from from 12/6/12 to 5/2/13, office intake paperwork, 12/6/12 PAIRS report, and 1/10/13 neurodiagnostic report.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant was injured while working on xx/xx/xx. She reportedly twisted her low back. She has had persistent back pain with lower extremity radiation. Normal neurologic evaluations of the lower extremities were as per in the earliest months post the date of injury. Subsequent evaluations were per who noted a positive straight leg raise on 2/21/13 and overall clinical worsening. 1-10-13 dated electrical studies revealed a mild right-sided L5 radiculitis. A 1-22-13 dated MRI revealed a protruded disc at L5-S1 with S1 nerve root abutment, foraminal narrowing and facet arthrosis. The other lumbar levels were unremarkable. On 2-21-13, the provider documented a weakness of eversion bilaterally, with intact sensation, other motor power and reflexes. Treatments to date have included medications, LESIs, therapy and restricted activities. Denials discussed the lack of consistency between the clinical findings and the electrical findings, along with a lack of a psychosocial screen in a patient with a history of depression. Denials also discussed the lack of significant clinical condition resolution temporarily with a diagnostic selective nerve root block.

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

Overall recent documentation supports clinical worsening of the low back pain with sciatica. The clinical findings of decreased motor power of eversion do correlate with both the positive straight leg raise and the significantly abnormal MRI at the L5-S1 level. There has been a trial and failure of medications and epidural steroids, restricted activities and a prescribed self-administered therapy protocol. There has been no recent evidence of significant abnormal psychiatric milieu. The combination of the subjective and objective findings and failure of reasonable clinical nonoperative treatments supports the requested surgical procedure at this time, based on the applicable ODG criteria referenced below. Therefore, the requested procedure is medically necessary at this time.

Reference: ODG 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:

- atrophy
1. Severe unilateral quadriceps/anterior tibialis weakness/mild
  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 ( $\geq$  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

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

- ACOEM- AMERICAN 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)