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Notice of Independent Review Decision

[Date notice sent to all parties]:

02/28/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: outpatient laminectomy with decompression, microscope and lumbar posteriolateral extradural exp/dec, (left L4/5 MIMD and left L4-S1 far lateral MIMD)

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:

x 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 07/26/12-02/04/13
MRI lumbar spine 03/26/12
Therapy note 05/26/12
Procedure note 10/12/12
Myelogram lumbar sacral region 12/19/12
X-rays lumbar spine 12/26/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his low back. Clinical note dated 07/26/12 detailed the patient stating that the initial injury occurred when he was hit from behind by a driver. The patient presented to the emergency room. Ultrasound of the lumbar spine on 03/08/12 revealed a slight to moderate swelling in the lumbar spine with degenerative joint disease. Upon exam, the patient demonstrated significantly decreased range of motion in all ranges. Left sided Achilles reflex was diminished. Toe extensor strength was also diminished on the left. Therapy note dated 05/26/12 detailed the patient completing five visits to date. Clinical note dated 09/10/12 detailed the patient continuing with low back pain rated as 4/10. The patient utilized Tylenol 500mg on an as needed basis for pain relief. The patient was recommended for an epidural steroid injection. Procedure note dated 10/12/12 detailed the patient undergoing an epidural steroid injection at L5-S1. Clinical note dated 10/26/12 detailed the patient reporting a 20% reduction in pain after two days, but then a gradual return of pain was noted. Standing and ambulating and bending all exacerbated the pain. X-rays revealed a loss of disc height at L4-5 and L5-S1 with anterior spurring at L4, L5, and S1. No significant movement was noted with flexion extension views. Myelogram dated 12/19/12 revealed a great degree of distortion on the left at L4-5. Canal stenosis and moderate canal stenosis was noted in the lateral recess at L4-5. A prior decompression was noted at L5-S1. Collapse of the disc and overhanging endplate with disc material was noted. The clinical note dated 01/02/13 detailed the patient undergoing epidural steroid injections at S1 on 11/19/12 and 10/12/12. Clinical note dated 01/11/13 detailed the patient continuing to be recommended for an L4-5 and L5-S1 laminotomy and decompression. The clinical note dated 02/04/13 indicates that the previous utilization review resulted in a denial secondary to a lack of significant clinical findings noted on exam.

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 ongoing low back pain. The Official Disability Guidelines recommend a laminectomy with decompression in the lumbar region provided the patient meets specific criteria to include significant weakness or pain noted in the appropriate distribution. There is a lack of documentation regarding the patient's weakness and/or pain in the appropriate distributions. Given this lack of significant clinical findings, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support the request at this time.

IRO REVIEWER REPORT TEMPLATE -WC

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

Discectomy/ laminectomy

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 (\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 (Fisher, 2004)

For average hospital LOS after criteria are met, see Hospital length of stay (LOS).