

I-Resolutions Inc.

An Independent Review Organization
3616 Far West Blvd Ste 117-501
Austin, TX 78731
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

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

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: IP lumbar discectomy L5-S1 right 63030 with 1 day LOS

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 proposed IP lumbar discectomy L5-S1 right 63030 with 1 day LOS is indicated as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review findings 02/11/13
Utilization review findings 03/08/13
response regarding disputed services 04/04/13
MRI lumbar spine 01/04/13
Emergency department records 12/20/12
Occupational medicine clinic visits 12/21/12-01/11/13
Office notes 01/30/13 and 02/20/13

PATIENT CLINICAL HISTORY [SUMMARY]: The claimant is a male who reportedly was injured on xx/xx/xx when he bent over to pick up a five gallon can and experienced onset of low back pain. The claimant also complained of leg pain and numbness primarily on the right side. MRI of the lumbar spine dated 01/04/13 revealed a large approximately 0.7x1.3x1.8cm diameter right paracentral epidural mass at L5-S1 consistent with an extruded disc fragment. Physical examination on 01/30/13 reported decreased sensation over the lateral aspect of the right foot. There was no atrophy of the calf. Straight leg raise was done with significant pain on the right side, negative on the left side, both sitting and supine. The claimant was recommended to undergo L5-S1 discectomy on the right.

A request for lumbar discectomy at L5-S1 on the right with one day inpatient length of stay was non-certified on 02/11/13 noting that the only conservative care documented post-injury was medication regimen of Flexeril and tramadol. There was no documentation of any kind of supervised active therapeutic interventions, epidural steroid injections, or other conservative modalities prior to surgical intervention.

An appeal request for right L5-S1 lumbar discectomy with one day inpatient stay was non-certified on 03/08/13, noting that previous non-certification was due to a lack of documentation of the lower levels of care including the physical therapy, epidural steroid injections, or other conservative treatment. It was noted that the records indicated sudden 1cm atrophy in the calf only which was not present in the previous evaluation approximately two weeks prior. MRI of the lumbar spine documented a large disc herniation with contact of the L1 or S1 nerve roots not being noted. No lower levels of care other than use of medications had been noted. As such, the request for appeal lumbar discectomy at L5-S1 on the right with one day length of stay was non-certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The records submitted for review indicate that the claimant sustained an injury to the low back on xx/xx/xx. He complains of low back pain radiating primarily to the right lower extremity. Examination on 01/30/13 noted decreased sensation over the lateral aspect of the foot on the right side, with no atrophy as far as the calf was concerned. Straight leg raise was positive on the right side. There was no evidence of motor weakness. Repeat examination on 02/20/13 noted 1cm of atrophy in the calf compared to two weeks ago, with marked positive straight leg raise on the right and decreased sensation on the lateral aspect of the right foot. Significant weakness was noted in the calf of the right leg. MRI of the lumbar spine revealed a large right paracentral extruded disc fragment. Records indicate that the only conservative treatment to date has been a medication regimen of Flexeril and tramadol, with no evidence of physical therapy, epidural steroid injections, or other conservative measures. However, given the size of the extruded disc fragment, it is unlikely that conservative measures such as physical therapy or epidural steroid injection would provide significant benefit. Based on the clinical data provided, it is the opinion of this reviewer that the proposed IP lumbar discectomy L5-S1 right 63030 with 1 day LOS is indicated as 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)