

IRO REVIEWER REPORT TEMPLATE -WC

IMED, INC.

11625 Custer Road • Suite 110-343 • Frisco, Texas 75035
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

[Date notice sent to all parties]:

10/02/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: inpatient laminectomy
L4-5 L5-S1

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

Board Certified Neurosurgery

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:

Work conditioning reports dated 04/05/13 – 04/10/13
Electrodiagnostic studies dated 01/25/13
MRI of the lumbar spine dated 05/24/13
Clinical report dated 06/20/13
Clinical report dated 08/15/13
Prior review dated 08/07/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. The patient developed complaints of low back pain as well as neck pain. Prior treatment has included work conditioning for 16 sessions through April of 2013. Electrodiagnostic studies completed on 01/25/13 showed evidence of a mild L4 radiculopathy to the right. MRI studies of the lumbar spine completed on 05/24/13 showed disc bulging from L2 to S1 contributing to mild central canal stenosis at L3-4. There was mild central canal and foraminal stenosis at L4-5 without

nerve root displacement. At L5-S1, there was mild foraminal stenosis and canal stenosis with moderate facet arthropathy. No nerve root displacement was identified. The patient was seen on 06/20/13 with ongoing complaints of pain in the low back radiating to the left lower extremity. The patient reported no improvement with physical therapy or medications. Physical examination demonstrated spasms present in the lumbar spine. Straight leg raise was reported as positive bilaterally, left worse than right. There was difficulty walking on heel and toes and there was a trace to absent left Achilles reflex. There was reduced sensation to pin prick in the left L5-S1 dermatome. The patient was recommended for laminectomy and discectomy at L4-5 and L5-S1 at this visit. Follow up on 08/15/13 stated the patient continued to have severe low back pain radiating to the lower extremities, left worse than right. Physical examination continued to show loss of lumbar range of motion secondary to pain with severe tenderness to palpation and spasms. The patient had difficulty performing heel and toe walking. The patient was again recommended for surgery.

The requested L4-5 and L5-S1 lumbar laminectomy and discectomy was denied by utilization review on 08/07/13 as there was no evidence of nerve root displacement on MRI studies that could account for the patient's objective findings on physical examination and there was also a lack of documentation regarding the use of anti-inflammatories or epidural steroid injections.

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

The clinical documentation establishes that the patient continues to have low back pain radiating to the lower extremities, left side worse than right that has not improved with conservative treatment. The patient's physical examination findings showed difficulty with heel and toe walking as well as reflex changes. No evidence of motor weakness was identified. Although electrodiagnostic studies showed evidence of a mild L4 radiculopathy to the right, imaging of the lumbar spine showed no evidence of any nerve root displacement secondary to disc pathology at either L4-5 or L5-S1. The clinical documentation also not discuss further conservative treatment to include anti-inflammatories or any epidural steroid injections which are both recommended conservative options for radicular pain per current evidence based guidelines. Given the lack of correlating findings on physical examination and imaging studies and as there is no documentation regarding an adequate course of conservative treatment as recommended by guidelines, it is this reviewer's opinion that medical necessity has not been established per guideline recommendations.

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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

Official Disability Guidelines, Online Version, 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:

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](#) (≥ 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](#))