

# **Health Decisions, Inc.**

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Notice of Independent Review Decision

**[Date notice sent to all parties]:** September 2, 2013

**IRO CASE #:**

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

L4-5 Laminectomy/Diskectomy 63030

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

This physician is a Board Certified Orthopedic Surgeon with over 40 years of experience.

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

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:**

07-05-12: MRI of the Lumbar Spine

08-09-12: EMG/NCS of the lower extremities

08-28-12: Office Visit

09-17-12: Physical Therapy Re-Evaluation

11-08-12: Office Visit

12-11-12: Procedure Note

01-03-13: Office Visit

03-26-13: Procedure Note

04-09-13: Office Visit

04-25-13: Ore-surgical Psychological Evaluation

06-04-13: Handwritten note

06-25-13: UR performed

07-02-13: Handwritten note

07-15-13: Handwritten note

08-02-13: UR performed

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who was injured on xx/xx/xx while performing customary duties. After jumping over a fence he landed on his feet and caught himself with both hands in a crouched position.

July 5, 2012, MRI of the lumbar spine, Impression: 1. L4/5 level demonstrates a 4.5 right paracentral disc protrusion which results in moderate impingement upon the anterior, right aspect of the thecal sac. There is severe right lateral recess and moderate right neural foraminal stenosis. There is moderate left lateral recess stenosis. There is rightward central canal stenosis with a residual AP diameter of 9mm. The disc material contacts the right L5 dorsal nerve root ganglia and the descending right L4 nerve root. 2. L3/4 level demonstrates a 1.5 mm annular type disc bulge which results in mild bilateral lateral recess stenosis. The disc material contacts the bilateral L4 dorsal nerve root ganglia.

August 9, 2012, EMG/NCS of the lower extremities, Impression: 1. Electrodiagnostic findings consistent with a right and left lumbarsacral radiculopathy, unable to localize level at this time. 2. Findings of isolated moderate peroneal neuropathy in the right and left lower extremity; this may be due to lumbarsacral nerve root impairment.

August 28, 2012, Office Visit for persistent back pain located on the right side. Medications: Hydrocodone, Medrol Pak 4mg, Celebrex 200 mg, Zanaflex 4 mg, Ultracet 37.5-325 mg. On physical examination there was 5/5 motor strength testing of the lower extremities. Sensation was grossly intact to all dermatomes in the lower extremities. Deep tendon reflexes were normal at 2/4 in bilateral patella and Achilles. Plan: ESI.

September 17, 2012, performed a physical therapy re-evaluation following 10 physical therapy sessions. Assessment: No significant change in range of motion, joint mobility, trunk strength and function with ADL's and work. Subjective complaints of pain were the same. Plan: Discharge for physical therapy.

December 11, 2012, Procedure note. Postoperative Diagnosis: Lumbar radicular syndrome. Procedures: 1. Lumbar epidurography without dural puncture. 2. Lumbar epidurographic interpretation, no radiologist present, with fluoroscopic control. 3. Lumbar epidural steroid administration.

January 3, 2013, the claimant was had a follow-up visit who reported he did well with his first epidural injection and obtained quite a bit of relief with the injection. A second injection was recommended.

March 26, 2013, Procedure note. Postoperative Diagnosis: Lumbar radicular syndrome. Procedures: 1. Lumbar epidurography without dural puncture. 2. Lumbar epidurographic interpretation, no radiologist present, with fluoroscopic control. 3. Lumbar epidural steroid administration.

April 9, 2013, the claimant was had a follow-up visit who reported the second ESI did not help his pain. On physical examination he had a positive straight leg raise. Plan: Surgery was discussed including a laminectomy/discectomy where would decompress the nerve root on the right side at L4-5.

April 25, 2013, the claimant underwent a pre-surgical psychological evaluation and was found to be an appropriate candidate for the proposed spinal surgery.

June 4, 2013, the claimant was evaluated who found on physical examination, right lumbar rotation and extension to be decreased. Pain on palpation of the right paraspinal musculature. Decreased strength of trunk extension, 4/5. Positive seated SLR on the right and positive FABERE on the right.

June 25, 2013, performed a UR. Rationale for Denial: The clinical documentation submitted for review lacked evidence to support the current requested surgical procedure. The provider documented that the patient has exhausted lower levels of conservative care to include epidural steroid injections and physical therapy interventions for his lumbar spine pain complaints. However, no resolution of the patient's symptomatology was evidenced. The clinical notes lacked documentation of a recent thorough physical exam of the patient to support the requested surgery. In addition, the clinical notes lacked evidence of the patient's MRI of the lumbar spine. Guidelines document that objective findings on examination need to be present and correlate with imaging. Given all of the above, the request for an L4-5 laminectomy/discectomy with 1 day of inpatient stay is non-certified.

July 15, 2013, the claimant was re-evaluated for low back pain that radiated into the right hip. On physical examination, right lumbar rotation and extension was decreased. Pain on palpation of the right paraspinal musculature. Decreased strength of trunk extension, 4/5. Positive seated SLR on the right. Plan: 2<sup>nd</sup> opinion eval

August 2, 2013, performed a UR. Rationale for Denial: Guidelines state this procedure may be considered reasonable and necessary if there are symptoms or findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raise, cross straight leg raise, and reflex exam should correlate with symptoms and imaging. Guidelines state there should be documentation of weakness or atrophy or pain attributable to the specific level. EMG cannot confirm the specific level and the straight leg raise exam on April 9, 2013 indicates that he has a positive straight leg raise. This does not indicate to what degree during the straight leg raise he started having pain or whether the pain is to his back or in a true radicular fashion. There is no indication of atrophy or weakness or reflex changes or sensory changes on this most recent clinical exam. Therefore, this request is not considered medically necessary at this time.

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

The previous adverse determinations are overturned. The July 5, 2012 MRI revealed at L4/5 level a 4.5 right paracentral disc protrusion which resulted in moderate impingement upon the anterior, right aspect of the thecal sac. There was severe right lateral recess and moderate right neural foraminal stenosis. There is rightward central canal stenosis with a residual AP diameter of 9mm and the disc material contacted the right L5 dorsal nerve root ganglia and the descending right L4 nerve root. On August 9, 2012, EMG/NCS of the lower extremities demonstrated findings consistent with a right and left lumbosacral radiculopathy. During the most recent examination on July 15, 2013, the claimant had complaints of low back pain with radiation into the right hip, pain on palpation of the right paraspinal musculature, decreased strength of trunk extension, 4/5 and a positive seated SLR on the right.

It is my opinion that with MRI findings of HNP, an abnormal EMG and positive straight leg raise on several exams, hip and leg pain not relieved with ESIs, PT or medications, the claimant meets ODG indications for a L4-5 laminectomy and discectomy. The request for a L4-5 Laminectomy/Discectomy 63030 is found to be medically necessary at this time.

#### PER ODG:

##### **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).

**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)**