

True Resolutions Inc.

An Independent Review Organization
500 E. 4th St., PMB 352
Austin, TX 78701
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sep/17/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Laminectomy Decompression @ L3-4, L4-5

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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical reports from Therapy and Diagnostics dated 06/26/06 – 03/10/11
Laboratory reports dated 07/09/12
Prior utilization reviews dated 03/29/11 & 03/30/11
IRO report dated 12/08/05
Physical therapy reports dated 01/02/03 – 12/27/12
Required medical evaluation dated 06/08/04
Designated doctor evaluation dated 07/14/04
Impairment evaluation report dated 11/02/04
Radiographs of the right hip dated 09/21/02
Radiographs of the coccyx dated 09/21/02
Radiographs of the lumbar spine dated 09/21/02
MRI of the lumbar spine dated 10/04/02
MRI of the lumbar spine dated 06/20/03
CT myelogram of the lumbar spine dated 12/08/03
Radiographs of the lumbar spine dated 05/01/09
Radiographs of the lumbar spine dated 08/03/09
Radiographs of the lumbar spine dated 11/23/09
Radiographs of the lumbar spine dated 10/26/11
MRI of the lumbar spine dated 10/04/02
CT myelogram of the lumbar spine dated 04/09/12
CT myelogram of the lumbar spine dated 12/31/12
Clinical notes dated 08/09/06 – 05/29/07
Procedure notes dated 01/24/03 – 02/15/12
Operative report dated 07/11/12

Clinical reports dated 10/18/02 – 08/30/13
Prior reviews dated 07/29/13 & 08/16/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who initially sustained an injury on xx/xx/xx when a chair broke while she was sitting in it, causing her to fall striking the right hip and buttock region. The patient is noted to have undergone prior lumbar decompression procedures in 2003 at L5-S1. A revision lumbar laminectomy procedure was recently completed on 07/11/12 bilaterally at L5-S1. Postoperatively, the patient was seen on 07/19/12 with ongoing complaints of low back pain with radiating pain to the right lower extremity with associated numbness and tingling. The patient's physical examination demonstrated tenderness to palpation of the lower lumbar spine with loss of range of motion. There was weakness in the lower extremities at the knees on extension and flexion as well as the extensor hallucis longus, left worse than right. Paresthesia continued to be present in an L5 and S1 dermatome. The patient was referred for physical therapy which the patient continued with through December of 2012. The patient reported continuing severe low back pain as of 12/07/12. Physical examination demonstrated tenderness to palpation in the buttocks and thigh with intact L5-S1 sensation. There was continued weakness in the lower extremities secondary to low back pain. CT myelogram studies were recommended and performed on 12/31/12. The study showed a marked filling defect of the ventral epidural space at L4-5. There were smaller epidural defects noted from L1 to L4. Displacement of the traversing L5 nerve roots was present. Post myelogram CT showed diffused annular bulging at L3-4 with moderate facet arthropathy and ligamentum flavum hypertrophy contributing to indentation of the posterolateral aspect of the thecal sac. Mild central canal stenosis with mild to moderate foraminal stenosis at this level was noted. At L4-5, there was severe facet arthropathy present with ligamentum flavum hypertrophy. Facet arthrosis contributed to lateral recess stenosis with displacement and mild impingement of the traversing bilateral L5 nerve roots with moderate to severe bilateral foraminal stenosis. Electrodiagnostic studies were recommended to evaluate the rectal sphincter. Follow up on 07/15/13 stated that the patient has not yet had EMG studies. The patient continued to report pain that was severe in the low back with numbness in the groin area. Physical examination demonstrated full strength in the lower extremities with full and symmetric reflexes. There was decreased sensation in an S2 and S3 dermatome. felt that the CT studies from December of 2012 showed a facet cyst at L3-4 with stenosis at L4-5. Follow up on 08/30/13 stated the patient continued to have low back pain with numbness and tingling through the lower extremities predominantly to the right. The patient was utilizing medications including anti-inflammatories and analgesics for pain control. The patient's physical examination demonstrated tenderness to palpation over the sacroiliac joints bilaterally as well as the greater trochanters and buttocks. Mild spasms were present in the lumbar spine. There was weakness in the right lower extremity at the hip, quadriceps, and knees with 2+ and symmetric reflexes. Sensation was decreased in a right L3 and L5 dermatome as well as an S2 and S3 dermatome. The patient was recommended for lumbar decompression at L3-4 and L4-5.

The requested lumbar decompression at L3-4 and L4-5 was denied by utilization review on 07/29/13 as there was no clinical evidence to support the diagnosis of lumbar radiculopathy at the L3-4 and L4-5 levels. There was also no documentation regarding recent injection therapy.

The request was again denied by utilization review on 08/16/13 as there was insufficient evidence regarding lumbar radiculopathy to support the request. Furthermore, there was no indication of any significant improvement with the 2 prior surgical interventions for this patient.

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

The patient has been followed for a long history of low back and lower extremity symptoms and is status post 2 separate decompression procedures at L5-S1. The clinical documentation submitted for review does establish multi-level pathology from L3 to S1 with foraminal stenosis noted at multiple levels. The clinical reports do indicate that the patient did require EMG studies and these were not available for review. The clinical documentation also does not establish that the patient has trialed any other conservative therapies outside of medication management and physical therapy. Given the patient's multi-level pathology and non-correlative findings on physical examination, guidelines would support the use of selective nerve root blocks and electrodiagnostic studies to define the patient's pain generators. Given that the patient has not improved with prior lumbar decompression procedures and there was no clear presence of a pain generator in this case that would be amenable to surgical intervention, it is this reviewer's opinion that medical necessity for this case has not been established per guideline recommendations and the prior denials would be upheld.

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)