

IMED, INC.

2150 S. Central Expressway* Suite 200-262 * McKinney, TX 75070
Office: 469-219-3355 * Fax: 469-219-3350 * email: imeddallas@msn.com

Notice of Independent Review Decision

[Date notice sent to all parties]:

11/04/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: lumbar laminectomy discectomy at L4-S1 1 day inpatient length of stay

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

Board Certified Orthopedic Surgeon

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a male with a date of injury of xx/xx/xx. On 06/30/14, this patient was seen in clinic and described when he felt a sharp pain to his low back with associated numbness and pain. On exam, straight leg raise was positive on the right at 30 degrees and sensation and motor function were intact. On 07/09/14, this patient was seen for an MRI of the lumbar spine which revealed a posterior L4-5 disc herniation searching across the entire posterior annulus causing central and lateral recess stenosis with mild bilateral foraminal encroachment. At L5-S1, there is a diffused disc spondylosis, with a posterior disc osteophyte complex mildly contacting disc 1 nerve roots in a lateral recesses without impingement. There was no central stenosis. There was mild bilateral foraminal stenosis in conjunction with mild facet hypertrophy. On 07/22/14, this patient was seen in clinic and upper and lower extremity motor strength was rated at 5/5 with exception of 4/5 in the right EHL and dorsi-flexion. He had a foot drop on the right side. Deep tendon reflexes were equal and symmetrical graded at 2/4 and he demonstrated a normal gait pattern. He had normal sensation to upper and lower extremities with an exception of the L5 dermatome to the right leg. On 08/15/14, this patient was seen back in clinic and straight leg raise was

positive on the right and he had decreased sensation to the right leg in an L5 distribution.

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

The utilization review of 09/12/14 indicated there was lack of clear documentation of failure of lesser measures. The 10/09/14 utilization review, also indicated there was lack of documentation of failure of lesser measures and also indicated there were no objective physical examination findings at both levels toward the surgery. The records provided for this review indicate that at L4-5, there is facet and ligamentum flavum that are normal and there is mild bilateral foraminal encroachment and at L5-S1, there was slight contact with the emerging S1 nerve roots without impingement. There is also mild bilateral facet hypertrophy and a tiny amount of facet fluid. The submitted records failed to identify significant pathology at L4-5 and/or L5-S1 levels to warrant surgical intervention without undergoing failure of lesser measures. The submitted records do not indicate this patient has failed all measures and recommendation at this time would be for non-certification of the requested lumbar laminectomy and discectomy at L4-S1 with 1 day inpatient length of stay.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ODG Indications for Surgeryä -- 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)

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

ODG hospital length of stay (LOS) guidelines:

Discectomy (icd 80.51 - Excision of intervertebral disc)

Actual data -- median 1 day; mean 2.1 days (± 0.0); discharges 109,057; charges (mean) \$26,219

Best practice target (no complications) -- Outpatient

Laminectomy (icd 03.09 - Laminectomy/laminotomy for decompression of spinal nerve root)

Actual data -- median 2 days; mean 3.5 days (± 0.1); discharges 100,600; charges (mean) \$34,978

Best practice target (no complications) -- 1 day

Note: About 6% of discharges paid by workers' compensation.