

# True Resolutions Inc.

An Independent Review Organization

500 E. 4th St., PMB 352

Austin, TX 78701

Phone: 512-501-3856

Fax: 512-351-7842

Email: [trueresolutions@irosolutions.com](mailto:trueresolutions@irosolutions.com)

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Oct/31/2014

**IRO CASE #:**

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

Outpatient for left L5-S1 microdiscectomy

**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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who reported an injury to his low back. The MRI of the lumbar spine dated 09/11/14 revealed a 5mm disc herniation at L5-S1 without nerve root compression. Facet joint arthrosis was identified with mild bilateral neural foraminal encroachment. The electrodiagnostic studies on 10/23/13 revealed evidence of acute L5 and S1 radiculopathy on the left. A clinical note dated 11/18/13 indicated the patient complaining of ongoing low back pain. The patient underwent a functional capacity evaluation on 11/08/13. The CT myelogram dated 01/24/14 revealed spondylosis at L5-S1 with a 3mm disc bulge. No mass effect was identified on the descending nerve roots or thecal sac. Mild right and mild to moderate left facet arthrosis was identified. Moderate left and mild right neural exit foramina compromise was revealed with potential for L5 nerve irritation on the left. The procedure note dated 03/14/14 indicated the patient undergoing L5-S1 epidural steroid injection. The procedure note dated 05/19/14 indicated the patient undergoing a second L5-S1 epidural injection on the left. A clinical note dated 07/28/14 indicated the patient complaining of ongoing low back pain. Dyskinesia was identified throughout the cervical spine, thoracic spine, and lumbar spine. A clinical note dated 08/06/14 indicated the previous epidural steroid injections provided no significant benefit. Low back pain radiated into the left lower extremity. The patient rated the pain 6/10. The patient demonstrated 5/5 strength at the lower extremities. No other neurological deficits were identified by exam. Normal reflexes were revealed. A clinical note dated 09/05/14 indicated the patient continuing with 6/10 pain. Strength was 4+/5 at the left with left plantarflexion. Straight leg raise was positive in the left at 30 degrees. Pain radiated in the left S1 distribution. The patient underwent multiple conservative treatments. There was conflicting evidence on this note indicating the patient

was able to demonstrate 5/5 strength throughout all major muscle groups in the upper extremities and lower extremities.

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

The patient has complaints of ongoing low back pain radiating to the lower extremities. Discectomy is indicated at L5-S1 provided that the patient meets specific criteria, including significant clinical findings identified by exam correlating with the imaging studies. The submitted CT scan revealed spondylosis at L5-S1 with moderate left and mild right neural foraminal compromise with potential left sided L5 nerve irritation. The patient underwent two epidural steroid injections with no significant benefit and previous attempts at conservative treatment. However, the most recent clinical note indicates the patient indicates the most recent clinical note of 09/05/14 revealed conflicting findings by exam. One notation indicates the patient having 4+/5 strength at the left plantar-flexors whereas a later entry indicates the patient having 5/5 strength in the muscle groups in the upper extremities and lower extremities. Given the conflicting information of clinical presentation the request is not indicated at this time. As such, it is the opinion of this reviewer that the request is not recommended as medically necessary.

**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**