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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Oct/23/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Laminectomy foraminotomy microdiscectomy right L2-3 L4-5 L5-S1 with 23 hour observation stay

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

MD, Board Certified Orthopedic Surgery

MD, Fellowship Trained Spine Surgery

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)

Right L4-5 and L5-S1 laminectomy foraminotomy microdiscectomy only with a 23 hour observation stay is overturned

right L2-3 laminectomy foraminotomy microdiscectomy is upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx after he fell sustaining L2 compression fracture. The patient underwent period of conservative treatment including physical therapy from February of 2012 to August of 2012. The patient had two separate epidural steroid injections documented in 2012 and again in January of 2014 with lysis of adhesions in the lumbar spine. Medications for this patient included other procedures included medial branch blocks. Overall results were limited with non-operative treatment. The patient had recent CT myelogram of the lumbar spine from 06/23/14 which noted a small ventral extradural defect at L4-5 and L5-S1 and L2-3. At L2-3 there was a 2-3mm disc bulge with a left 5mm neural foraminal and extraforaminal disc protrusion resulting in mild to moderate left sided neural foraminal stenosis with contact of the exiting left L2 nerve root. At L4-5 there was a 4-5mm disc protrusion lateralizing to the right impressing the thecal sac again contributing to mild central canal stenosis. The AP thecal sac measurement was 9mm. There was moderate right and mild to moderate left lateral recess stenosis with mild underfilling of the L5 nerve root sleeves more severe to the right side than the left. Mild to moderate neural foraminal stenosis without displacement of the exiting L4 nerve roots was noted. At L5-S1 there was moderate facet arthrosis with spondylitic disease and circumferential chronic disc bulging and disc protrusion measuring 4-5mm extending to the

right neural foramen and extra foramen regions with severe right and mild to moderate left sided neural foraminal stenosis with mass effect of the right L5 nerve root. There was also contact of the S1 nerve roots with mild amount of posterior displacement of the right S1 nerve root. Mild underfilling of the right S1 nerve root was noted. Electrodiagnostic studies on 06/24/14 noted changes compatible with a multilevel radiculopathy extending from L3 through S1. The patient was followed for ongoing complaints of low back pain radiating to the bilateral lower extremities right side worse than left. The most recent evaluations for this patient with doctor from the office dated 08/12/14 noted persistent tenderness to palpation with limited lumbar spine range of motion. Straight leg raise testing elicited some buttock pain. The patient had paresthesia in a right L2 L4 and S1 distribution with blunted reflexes in the left side as compared in the right side as compared to the left side. The patient demonstrated difficulty heel and toe walking. The report on 09/17/14 again over again discussed the failure of conservative treatment including physical therapy and multiple attempts at injections. Physical examination again noted sensory loss in a right L2 L4 and S1 distribution with loss of right sided reflexes compared to the left side and difficulty with heel and toe walking. The proposed foraminotomy microdiscectomy to the right at L2-3 L4-5 and L5-S1 with a 23 hour observation stay was denied on 08/28/14 as electrodiagnostic studies reportedly showed right L3 through S1 radiculopathy however this did not correlate with the surgical request for right L2-3 L4-5 and L5-S1 decompression. The procedures were again denied on 10/02/14 as there was no indication for laminectomy foraminotomy microdiscectomy at L2-3.

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

The clinical documentation submitted for review noted failure of conservative treatment for the symptoms of this patient including extensive amount of physical therapy and multiple injection procedures all of which provided temporary response in terms of reduced symptoms. The most recent diagnostic testing for the lumbar spine included CT myelogram dated 06/23/14 which noted 5mm left sided neural foraminal and extraforaminal disc protrusion with mild to moderate left sided neural foraminal stenosis with no definitive placement displacement of the L2 nerve root. Electrodiagnostic studies from 06/26/14 identified right sided radicular findings only involving L3 through S1 nerve roots. In review of the physical examination findings which were primarily right sided this reviewer does not see any indication for performing decompression procedures to the right at L2-3. Physical examination findings and diagnostic imaging and electrodiagnostic studies noted evidence of L4-5 L5-S1 radiculopathy that is concordant with imaging diagnostic EMG and physical examination. This reviewer feels that the L2 that L4-5 and L5-S1 would reasonably require surgical intervention as outlined by current evidence based guideline recommendations. Therefore it is the opinion of this reviewer that medical necessity has been established for a right L4-5 and L5-S1 laminectomy foraminotomy microdiscectomy only with a 23 hour observation stay as recommended by guidelines. This reviewer does not feel that the proposed right L2-3 laminectomy foraminotomy microdiscectomy is medically necessary for guideline recommendations.

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)