

# Pure Resolutions LLC

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Apr/21/2014

### IRO CASE #:

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

Outpatient L5-S1 disectomy

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

Board Certified Neurosurgery

### 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.**

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

#### PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was reportedly injured on xx/xx/xx in a slip and fall on the stairs. It is noted that she's had various other injuries previously that jarred her back as well, and reportedly has had intermittent low back problems since a C-section with an epidural some years ago. The claimant was diagnosed with lumbosacral neuritis, lumbar disc displacement, and low back pain. MRI of the lumbar spine dated 01/20/14 revealed a broad based disc bulge with a central annular fissure at L4-5 with bilateral facet arthrosis present. There was a left greater than right neuroforaminal narrowing. It also revealed a broad based disc bulge with bilateral facet arthrosis at L5-S1 but no central or neuroforaminal stenosis. There was disc desiccation noted at L4-5 and L5-S1 with spondylitic disc height loss at L5-S1. It is noted in the most recent clinical note provided of 02/07/14, that the MRI findings were "more impressive than the radiologist read" and that he felt there was a right-sided disk herniation at L5-S1 with pressure on the right S1 nerve root. He noted that he would ask the radiologist to make an addendum. There is an addendum to the MRI report, which included the new impression of L5-S1 disk herniating displacing the right S1 nerve root.

In the clinical note of 02/07/14, noted that he had seen the claimant previously back in 2011 and an L4-S1 fusion was discussed at that time, but over the last 6 months she had had problems with low back pain and right leg pain. Her main complaint at this time was her right leg, now with numbness in her foot. Her pain was rated to be 4 on a scale of 1-10, increasing to a 6 with activity. She complained of difficulty putting on her socks due to her pain. She

was noted to have not had any prior surgery for this problem. She has not tried any steroid injections. She has tried over the counter medications with no relief. However, she has not had any physical or occupational therapy. Physical examination revealed straight leg raise was equivocal. Motor was intact, but she had decreased sensation in her foot. She had loss of right ankle jerk reflex. assessment was displacement of lumbar intervertebral discs without myelopathy and lumbago and he recommended a right L5-S1 discectomy.

The request was previously denied because imaging studies did not adequately demonstrate nerve root compression or lateral disc ruptures. In addition, there was no documentation of current failure of conservative measures, other than nonsteroidal anti-inflammatory drugs. The request was subsequently denied on appeal because there were no additional clinical notes provided and no recent objective documentation of failure of lower levels of care such as use of oral medications, epidural steroid Injections, recent physical therapy, or psychological screening as recommended by the guidelines.

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

The clinical notes submitted for review did not document that adequate conservative measures including physical therapy, manual therapy, activity modification, or injections have been attempted. As per guidelines, there must have been an adequate trial of these conservative measures prior to proceeding to discectomy or other surgical intervention. There is also no documentation that claimant has undergone psychological screening. As such, it is this reviewer's opinion that the medical necessity of the outpatient L5-S1 discectomy has not been established and the prior denials are upheld

**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**