

Health Decisions, Inc.

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Notice of Independent Review Decision

[Date notice sent to all parties]: February 16, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right L4/5 Nerve Root Decompression 30-60-days, 1 Day Hospital Stay and DME's

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

A Board Certified Anesthesiologist with over 6 years' experience.

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

02-20-13: Follow Up Office Visit by MD
03-27-13: Lumbar Myelogram interpreted by MD
03-27-13: CT Lumbar Spine with Myelogram interpreted by MD
03-27-13: Follow Up Office Visit by MD
11-25-13: Follow Up Office Visit by MD
12-20-13: URA by MD
12-20-13: Chart Note by PA

01-09-14: URA by MD

01-23-14: Follow Up Office Visit by MD

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained an injury on xx/xx/xx while pulling on a door. The claimant developed complaints of low back pain. The claimant reported general worsening of this pain, which began radiating to the right lower extremity in September 2012 with development of right foot drop. The claimant's prior treatment consists of right L4/5 microdiscectomy in 2005 and currently NSAID's.

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

02-20-13: Follow Up Office Visit by MD. The claimant is being followed up for chronic low back pain, which he rates 2/10. He noted on September 8th a sharp pain down the buttock down the right leg. The next day at work he was using a back pack sprayer and the pain became so bad he had to leave work. For 3 weeks he said he could hardly move and was practically bedridden. The claimant now s/p L4/5 microdiscectomy. MRI dated 10/12/12 showed post-op changes on the right at L4-5 with right L4-5 foraminal stenosis, bilateral L4-5 facet hypertrophy and L4-5 disc space narrowing. There was also diffuse L3-4 disc bulge and bilateral L3-4 facet hypertrophy. Since September the claimant has had right foot weakness and is now to the point that he trips over his foot. On physical examination, Gait: limited heel and toe walking. Straight leg raising is negative. Motor strength is 3 to 4/5 extensor hallucis longus and planter flexion weakness on the right. Reflexes are 1+ in the patellar and none in the Achilles. Impression: 1. Low back pain, s/p L4-5 microdiscectomy 12-06-05. 2. Right leg weakness worsening. Plan: CT Myelogram of the lumbar spine.

03-27-13: Lumbar Myelogram interpreted by MD. Findings: Slightly prominent ventral epidural defects at L3-4, L4-5. Mild to moderate degenerative disk space loss with endplate osteophyte formation at L4-5. Contouring of the right lateral aspect of the thecal sac at L3-4 and L4-5 suggest right lateral recess narrowing. Impression: Successful lumbar Myelogram.

03-27-13: CT Lumbar Spine with Myelogram interpreted by MD Impression: Degenerative spondylosis within the lumbar spine notably at the levels of L3-4 and L4-5.

03-27-13: Follow Up Office Visit by MD. On physical examination straight leg raising on the right at 45 degrees produces right hamstring stretching. Motor strength is 3/5 right foot dorsiflexion weakness and extensor hallucis longus weakness. Sensory exam is intact to pinprick. Reflexes are 1 and symmetric in knees, 1/2 and symmetric in the ankles. Impression: 1. Right L5 radiculopathy. 2. Right L5 nerve root compression at the L4-5 level from facet and ligamentous

hypertrophy as well as disc osteophyte complex. 3. S/p right L4-5 microdiscectomy 12-06-05. Recommend the claimant as a candidate for L5 nerve root decompression, however, the claimant is not sure how he wishes to proceed. The claimant is taking ibuprofen as needed.

11-25-13: Follow Up Office Visit by MD. The claimant is being followed up for right L5 radiculopathy. The claimant rates low back pain 2/10. Previously the claimant was recommended to have nerve root decompression, but claimant wanted to think about it and has now decided to proceed. Impression: 1. Right L5 radiculopathy. 2. Right L5 nerve root compression at the L4-5 from facet and ligamentous hypertrophy as well as disc osteophyte complex. 3. Status post right L4-5 microdiscectomy 12-06-05. Plan: The claimant is symptomatic with right L5 radiculopathy and right foot dorsiflexion. The claimant is a candidate for right L4-5 nerve root decompression and is ready to proceed.

12-20-13: URA by MD. Explanation for Assessment: The clinical documentation provided for review does establish the presence of an ongoing right lower extremity radiculopathy stemming from the L4-5 segment. CT myelogram studies did show a moderate amount of right foraminal stenosis secondary to end plate osteophyte formation and degenerative disc disease. The patient's physical examination findings also showed mild to moderate weakness in the right lower extremity on right foot dorsa flexion and at the extensor hallucis longus. While there are objective findings regarding neurological deficit, the clinical reports did not discuss any recent non-operative treatment as recommended by the ODG Guidelines, to include considerations for physical therapy, the use of anti-inflammatories, or possible epidural steroid injections. Given the lack of documentation regarding any recent conservative treatment for this patient, this reviewer would not recommend certification for the request at this time.

01-09-14: URA by MD. Explanation for Assessment: The clinical documentation submitted for review evidences the patient continues to present with lumbar spine pain complaints status post a work-related injury sustained in xxxx with subsequent surgical interventions performed at the L4-5 level of the lumbar spine. The current request previously received an adverse determination due to lack of documentation of recent utilization of conservative treatment, such as supervised therapeutic interventions, injection therapy, and a medication regimen, and other active treatment modalities prior to the requested operative procedure. The requesting provider submitted a letter of appeal dated 12-27-13, stating the patient had been symptomatic for over a year, and had "severe right foot dorsiflexion weakness for which further conservative therapy is contraindicated." Furthermore, the patient had 3/5 strength to the right foot dorsiflexion, however, sensation and reflexes of the right foot were intact. The clinical notes evidence the patient objectively presents with findings of radiculopathy upon physical exam, as well as imaging study evidence of pathology. However, without documentation evidencing utilization of recent conservative care, as well as rationale for the specific DMEs being requested, the request for right nerve root decompression 30-60 days, 1 day hospital stay and DMEs is non-certified.

01-23-14: Follow Up Office Visit by MD. The claimant is being followed for chronic right L5 radiculopathy. On examination, he continues to have 3/5 to 3+/5 right dorsiflexion weakness and EHL weakness. Deep tendon reflexes are 1 in the patella, essentially absent in the Achilles. Impression: 1. Right L5 radiculopathy. 2. Right L5 nerve root compression at the L4-5 level with facet and ligamentous hypertrophy as well as disc protrusion and osteophyte complex. 3. Status post right L4-5 microdiscectomy 12-06-05.

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

The previous adverse determinations are upheld. This Claimant has had right calf and foot weakness since Sept 2012. He had a Lumbar MRI 2012 and CT myelogram in 2013 that show foraminal stenosis and facet hypertrophy at L3/4 and L4/5. There are no bowel or bladder problems reported. The patient had some severe right leg pain in early 2013 when he first presented, but that appears to have resolved. He chose to wait 8 months and now returns with essentially stable right foot weakness. The proposed surgery has been denied twice due to lack of conservative treatment other than observation. I agree that there is a lack of recent conservative treatment including physical therapy and possibly Lumbar ESIs. Therefore, this request for Right L4/5 Nerve Root Decompression 30-60-days, 1 Day Hospital Stay and DME's cannot be certified at this time.

Per ODG:

ODG Indications for Surgery™ -- 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).

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

- ACOEM- AMERICAN 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)**