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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Dec/16/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient lumbar laminectomy discectomy foraminotomy and partial facetectomy at L4-5 with a one day length of stay

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:

ODG - Official Disability Guidelines & Treatment Guidelines
Physical therapy reports 05/10/13-06/07/13
Procedure report 07/24/13
Clinical records 06/07/13-08/26/13
MRI lumbar spine 02/05/07
MRI lumbar spine 05/09/07
Radiographs lumbar spine 03/18/13
Radiographs lumbar spine 05/14/13
MRI lumbar spine 05/14/13
Clinical record illegible signature 03/18/13
Clinical records 04/29/13-09/16/13
Prior utilization reviews 10/07/13 and 11/08/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx while twisting to the right and having an acute onset of low back pain radiating to the left lower extremity. Treatment to date included epidural steroid injections and physical therapy program. MRI and radiographs of the lumbar spine from 05/14/13 showed minimal degenerative changes in the lumbar spine with normal alignment. No disc space collapse was identified. At L4-5 there was mild facet degeneration without significant posterior disc bulging canal stenosis or neural foraminal stenosis. The patient reported minimal benefits from physical therapy or epidural steroid

injections. Per the most recent clinical record from 09/16/13 the patient continued to have weakness in the left gastrocnemius tibialis anterior and extensor halluc longus. The patient reported pain with straight leg raise testing to the left at 25 degrees and there was difficulty with heel and toe walking. Hypoesthesia was present in an L5 and S1 dermatomal distribution to the left. The request for L4-5 laminectomy, discectomy, foraminotomy, and partial facetectomy with a one day length of stay was denied by utilization review on 10/07/13 as there were no insufficient objective findings regarding correlating neurological deficits to support and L4-5 decompression. The request was again denied by utilization review on 11/01/13 as there was no definitive nerve root compression on imaging studies.

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

The patient has been followed for complaints of low back pain radiating to the left lower extremity that has not improved with physical therapy or epidural steroid injections. Imaging did not identify any substantial disc bulging canal stenosis or neural foraminal narrowing at L4-5. There was a minimal disc bulge at L5-S1 without central canal or right neural foraminal stenosis and a very minimal amount of left neural foraminal stenosis. Physical examination findings do not correlate with imaging that shows essentially no substantial nerve root compression. No further diagnostic testing was available for review confirming the presence of an acute left lumbar radiculopathy that would support the surgical request. As the clinical documentation submitted for review does not meet guideline recommendations regarding the presence regarding the requested services, it is the opinion of this reviewer that medical necessity is not established at this time 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