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Notice of Independent Review Decision

DATE: June 6, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
L4-L5 Revision Decompression; 1 Day Inpatient Stay; Co-Surgeon

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The reviewer is certified by the American Board of Orthopaedic Surgeons with over 40 years of 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:

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who injured his back when he slipped on a patch of ice while working on xx/xx/xx. He is status post L4-L5 surgery on xxxxx.

06/05/13: Operative Report. POSTOPERATIVE DIAGNOSIS: L4-L5 spinal stenosis. Lumbar radicular syndrome. PROCEDURE: L4 partial laminectomy via midline approach. L5 partial laminectomy via midline approach. Decompression of bilateral L5 nerve roots. Partial medial facetectomy bilaterally, L4-L5. Application of AmnioGlear amniotic membrane allograft, size 2 x 2 cm at L4-L5.

06/24/13: The claimant was evaluated for a postop visit. He reported fairly significant low back and incisional pain. His leg pain had improved, and was more proximally located into the thighs at that point at the posterior radiation down below the knee. His low back pain was rated 7-8/10 and leg pain was 6/10. He continued to require hydrocodone and valium. He had been using his lumbar brace. On exam, his lower extremity strength was symmetrically present in all

lower extremity muscle groups. Physical therapy was recommended. His hydrocodone and valium were refilled. He was kept off work for the next month. He was allowed to remove his lumbar corset.

07/23/13: The claimant was evaluated. He stated that he was doing better. He had been doing PT and felt it was helping. His LBP was rated at 4/10 with some radiation into the left buttock rated at 4-5/10. He was still taking hydrocodone occasionally as needed. He was to continue PT and remain off work for another month.

09/03/13: The claimant was evaluated. He had continued to do PT. His left-sided symptoms were gone. For the past few weeks, he had had right-sided low back and buttock pain. He stated that it was not similar to the type of pain he began having on the left side but it was still concerning and was currently approximately 5/10 on the VAS scale. He was still not back at work. He did not think that he could do his job with his current pain. On exam, his lower extremity strength was symmetrically present in all lower extremity muscle groups. No other information is given for PE. He was to continue with PT. suspected that his pain was muscular and that he had no radicular type symptomatology. He was given a Medrol Dose Pack. He was kept off work until follow-up visit.

09/24/13: The claimant was evaluated. He had done PT but was still concerned by his pain, which radiated into his right buttock. He concentrated in the right low back and buttock with pain level of 5/10. He continued to deny any true radicular complaints. On exam, lumbar ROM was painful in extension and rotation on the right. Lower extremity strength was symmetrically present in all lower extremity muscle groups. PLAN: “Based on his exam, I suspect that his pain may be coming from degenerative changes at the facet joints at L4-L5 and L5-S1 level. I’ve recommended facet injections on the right side at these levels for both diagnostic and therapeutic purposes. I will see him back after the injections to reevaluate.”

11/11/13: The claimant underwent right L4-L5 and L5-S1 facet injection with corticosteroid and administration of IV conscious sedation consisting of 3 mg of Versed (less than 30 minutes, adult).

11/25/13: The claimant was evaluated. He did not feel that the injections performed on 11/11/13 helped at all, even during the diagnostic phase. His post-procedure pain log showed no symptomatic improvement. Currently, his low back pain was rated 8-9/10. It was stabbing and aching in the right lower lumbosacral region. On exam, Fortin finger test was positive to the right and negative to the left. Faber test was positive to the right and negative to the left. He had positive pelvic thrust test on the right side as well. noted that his exam findings were also suggestive of possible SI dysfunction (positive Faber, Fortin finger test, and thigh thrust on the right side). She recommended trying SI injection.

12/16/13: The claimant underwent right sacroiliac joint injection with corticosteroid and administration of IV conscious sedation consisting of 2 mg of versed (less than 30 minutes, adult).

01/20/14: The claimant was evaluated who noted that he underwent a right sacroiliac joint injection on 12/27/13. He stated that he had symptomatic improvement a few days after the injection but no relief on the day of the injection. He continued to report right lumbosacral pain with paresthesias into the distal posterior calf and foot. The pain was worse at night. Pain level was 8/10. He was not working. He was taking hydrocodone. Assessment was right-sided lumbosacral and buttock pain without symptomatic improvement after right L4-L5 and L5-S1 facet injections done on 11/11/13. Right sacroiliac joint injection done on 12/16/13 and 12/27/13 without symptomatic improvement during the anesthetic phase. An MRI was ordered. He was referred for pain management.

01/28/14: MRI Lumbar Spine report. IMPRESSION: Compared with 06/16/10, a new laminectomy is seen at L4-L5. No abnormal intradural enhancement is seen in the lumbar spine. No arachnoiditis is seen. Compared with 06/16/10, new mild desiccation and narrowing are seen in the L4-L5 disc. A 2 mm bulge at L4-L5 is unchanged. The bulge flattens the thecal sac. The size of the thecal sac is similar to 06/16/10. The bulge, disc narrowing, and facet joint hypertrophy cause mild bilateral foraminal stenosis at L4-L5. The degree of foraminal stenosis at L4-L5 is slightly increased. A 1 mm bulge at L3-L4 abuts the thecal sac without causing central stenosis.

02/13/14: The claimant was evaluated who reviewed his MRI studies. She believed that his radicular pain was still coming from the L4-L5 level. His left-sided surgery gave significant improvement. She noted that at that time, he did not have any right lower extremity symptoms. A left hemilaminotomy was performed. She recommended a revision decompression at L4-L5, predominantly a right-sided hemilaminotomy and a midline decompression for his stenosis. His hydrocodone was refilled.

03/14/14: The claimant was evaluated for pain management evaluation. It was noted that he had pain as well as tingling and numbness in the anterior legs bilaterally. He had been on Norco, valium, and Naprosyn. He complained of headaches and neck pain. PE noted height 5’ 11”, weight 268 lbs with obese build. His gait was balanced. Paravertebral muscles were tender bilaterally. SLR positive on the right at 90 degrees. SLR positive on the left side at 90 degrees. He was given Oxycodone 15 mg q. 4h. prn pain, Zoloft 50 mg q.h.s. for depression, and Zanaflex 4 mg q.h.s. for muscle tension and headaches.

03/14/14: UR. RATIONALE: He was felt to have post-laminectomy syndrome. A most recent MRI dated 01/28/14 showed no evidence of abnormal intradural enhancement. There was desiccation and narrowing at the L4-L5 disc and a bulge at L5-S1. There was flattening of the thecal sac, which was similar to prior study. The claimant has had ongoing complaints of lumbosacral and right leg pain. There is felt to be some bilateral stenosis that is mild in degree. There is no

indication for further decompression. Without speaking to the physician, the MRI findings do not appear to correlate with the subjective complaints and documented findings on physical examination. Attempts at peer-to-peer discussion were unsuccessful.

04/21/14: UR. RATIONALE: The patient has complaints of low back pain with radiating pain into the lower extremities. A lumbar decompression is indicated for patients with significant symptoms identified in the appropriate distribution following a full course of conservative treatments and imaging studies confirm the pathology. The patient has subjective complaints of radiating pain into the lower extremities. However, no specific location of the radiation pain was identified by exam. The MRI dated 01/28/14 revealed mild foraminal stenosis with a slight increase in the degree of foraminal stenosis. Given the lack of correlating findings, this request is not indicated as medically necessary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The previous adverse decisions are upheld. ODG criteria have not been met. There are no signs of nerve root compression on physical exam recorded. Imaging studies do not show impingement. Therefore, the request for L4-L5 Revision Decompression; 1 Day Inpatient Stay; Co-Surgeon is not medically necessary.

ODG:

Discectomy/ laminectomy	**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).

Hospital length of stay (LOS)	**ODG hospital length of stay (LOS) guidelines:** **Discectomy** (*icd 80.51 - Excision of intervertebral disc*) Actual data -- median 1 day; mean 2.1 days (± 0.0); discharges 109,057; charges (mean) $26,219 Best practice target (no complications) -- *Outpatient* **Laminectomy** (*icd 03.09 - Laminectomy/laminotomy for decompression of spinal nerve root*) Actual data -- median 2 days; mean 3.5 days (±0.1); discharges 100,600; charges (mean) $34,978 Best practice target (no complications) -- *1 day* *Note: About 6% of discharges paid by workers' compensation.*

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)**