

# IMED, INC.

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## Notice of Independent Review Decision

**[Date notice sent to all parties]:**

**03/21/2014**

**IRO CASE #:**

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

Inpatient 1 day stay: lumbar laminectomy, discectomy, foraminotomy and a partial facetectomy at L3-L4, L4-L5

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

### **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 patient is a female who sustained an injury on xx/xx/xx and had been followed for complaints of low back pain radiating to the right lower extremity. Prior conservative treatment had included multiple lumbar epidural steroid injections with little to no relief. The patient was noted to be utilizing Gabapentin and Flexeril for pain. Additional lumbar epidural steroid injections were completed in February of 2013 again with little benefit. Further epidural steroid injections were recommended in March of 2013. It is noted in clinical records that the patient had been

recommended for a work hardening program that was not approved. The patient continued to report severe pain 10/10 on the VAS. MRI studies of the lumbar spine completed on 08/28/13 identified degenerative disc disease at L3-4 and L4-5 with posterior osteophytic ridging and concentric disc bulging combined with facet arthropathy resulting in severe canal stenosis at L3-4 with compression of the bilateral descending L4 nerve roots as well as moderate right and mild left foraminal stenosis. At L4-5, there was substantial descending right L5 nerve root compression within the lateral recesses with less prominent L5 nerve root compression. The patient was seen on 09/23/13 with continuing severe complaints of pain in the low back and the right lower extremity that has not improved with physical therapy or epidural steroid injections as well as the use of anti-inflammatories. On physical examination, the patient demonstrated mild weakness of the quadriceps to the right with an antalgic gait. There was sensory loss in an L4 and L5 distribution to the right. It is noted that the patient attended a chronic pain management program in December of 2013.

The request for an L3-4 and L4-5 laminectomy, discectomy, foraminotomy, and partial facetectomy with a 1 day inpatient stay was non-certified by utilization review on 02/04/14 as there was no documentation regarding motor weakness and MRI studies were not available for review.

The request was again denied by utilization review on 02/26/14 as the last evaluation was from September of 2013 and there was no updated assessment to support surgical intervention.

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

The patient has been followed for a history of low back pain radiating to the right lower extremity following a motor vehicle accident on the date of injury. To date, the patient has not improved with conservative efforts to include multiple epidural steroid injections, the use of medications, as well as physical therapy. It is noted in records that the patient was recommended for a work hardening program which was not approved by insurance. MRI studies of the lumbar spine did show 2 level pathology at L3-4 and at L4-5 contributing to nerve root compression. The clinical documentation does not address the prior reviewer's concerns regarding a recent updated evaluation as the last evaluation was from September of 2013. Furthermore, the patient has recently completed a chronic pain management program which is considered a tertiary level of treatment. Given the recent completion of a tertiary level chronic pain management program, it is unclear at this point in time why the patient is still being recommended for surgical intervention. Without further evaluations supporting the proposed surgical procedures, it is this reviewer's opinion that medical necessity in this case is not established for the surgical request or the requested 1 day inpatient stay.

**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**

**ODG Indications for Surgeryä -- 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](#) ( $\geq$  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](#))

### **ODG hospital length of stay (LOS) guidelines:**

**Discectomy** (*icd 80.51 - Excision of intervertebral disc*)

Actual data -- median 1 day; mean 2.1 days ( $\pm$  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 ( $\pm 0.1$ ); discharges  
100,600; charges (mean) \$34,978

Best practice target (no complications) -- 1 day

*Note: About 6% of discharges paid by workers' compensation.*