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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Mar/03/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: inpatient lumbar laminectomy, discectomy, foraminotomy, and partial facetectomy at lumbar L4-5 with a one (1) day inpatient length of stay

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Neurological Surgery

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. It is this reviewer's opinion that the requested inpatient lumbar laminectomy, discectomy, foraminotomy, and partial facetectomy at lumbar L4-5 with a one (1) day inpatient length of stay does meet guideline recommendations and medical necessity is established

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who sustained an injury on xx/xx/xx while checking a bottom drawer. The patient felt a pull in the left hip and low back. Conservative treatment has included physical therapy performed in August of 2013 and the patient has been provided medications. MRI studies prior to the date of injury from May of 2011 showed broad based disc bulging at L4-5 contributing to left foraminal stenosis. More recent imaging studies were completed on 09/10/13 by 2 separate radiologists. The report identified an L4-5 disc osteophyte complex contributing to severe left sided foraminal stenosis. The MRI study completed on the same date identified a large 7mm left foraminal disc protrusion impinging the thecal sac as well as the left L4 and L5 nerve roots with the foramina and lateral recess. The patient was seen on 10/21/13. The patient reported continuing complaints of low back pain radiating into the left lower extremity along the lateral thigh and calf and intermittently into the left foot with associated numbness and tingling. The patient did report a prior history of low back pain radiating to the left lower extremity that had improved with medication management and rest. Medications have included anti-inflammatories as well as Tramadol and Flexeril. The patient's physical examination demonstrated decreased lumbar range of motion with weakness present in the tibialis anterior and extensor hallucis longus. There was a positive straight leg raise to the left at 45 degrees and hypoesthesia in an L4 distribution to the left side.

The patient returned on 12/16/13. No change on physical examination was noted. Given the failure of conservative treatment, the patient was recommended for a lumbar laminectomy, discectomy, foraminotomy, and partial facetectomy at L4-5. The clinical report from 01/07/14

listed a diagnosis of lumbar radiculopathy in the left lower extremity. No specific physical examination findings were noted.

The requested surgical procedures were denied by utilization review on 12/31/13 as there was no substantial change on MRI findings and physical examination findings were not consistent with an L4-5 radiculopathy.

The request was again denied by utilization review on 01/30/14 as there were no clear surgical indications.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The clinical documentation submitted for review describes continuing complaints of low back pain radiating to the left lower extremity. The patient's physical examination findings did identify sensory loss in an L4-5 distribution along with weakness in an L5 myotome. MRI studies did identify a large 7mm disc extrusion to the left side impinging the left L4 and L5 nerve roots. The patient has not improved with recent physical therapy or the use of medications. clinical report does indicate the patient had previous low back and left lower extremity symptoms prior to the date of injury which was improved with conservative treatment. This does appear to be a re-exacerbation of a known radiculopathy that has now failed conservative treatment. Given the size of the disc extrusion to the left side at L4-5 and the failure of non-operative treatment, it is highly unlikely that the patient would further improve with conservative care. Therefore, it is this reviewer's opinion that the requested inpatient lumbar laminectomy, discectomy, foraminotomy, and partial facetectomy at lumbar L4-5 with a one (1) day inpatient length of stay does meet guideline recommendations and medical necessity is established. As such, the prior denials are overturned.

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

ACOEM-AMERICA 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)