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Notice of Independent Review Decision

[Date notice sent to all parties]:

04/21/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 63030 laminectomy w decompression nerve root

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

Board Certified Orthopedic Surgeon

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 female who reportedly was injured on xx/xx/xx when she fell. She complains of low back pain and right leg pain. MRI of the lumbar spine performed on 05/17/13 revealed a broad based central and left paracentral disc herniation at L5-S1 slightly effacing the thecal sac and causes moderate compromise in the neuroforamina. There were no other disc herniations or other compromise of the spinal canal or neuroforamina. Electrodiagnostic testing performed on 09/10/13 reported findings most consistent with an acute bilateral S1 root irritation consistent with radiculopathy. On 10/11/13, the claimant underwent a lumbar transforaminal epidural steroid injection on the right at L4, L5, and S1. Per progress note dated 10/24/13, the claimant reported 0% improvement following the epidural steroid injection. Physical examination on this date reported normal strength throughout the bilateral upper and lower extremities. Deep tendon reflexes were equal and symmetrical throughout. Sensation was intact to light touch. Gait and station were normal. Right straight leg raise test was noted as positive. The claimant subsequently was seen on 11/05/13 with a chief complaint of neck and low back pain radiating down the right leg. It is noted the claimant previously was seen in September of 2009 with complaints of low back pain and was diagnosed with a lumbar disc herniation with degeneration and discogenic pain. At that time, she underwent an epidural steroid injection on the left at L5-S1. Follow up evaluation on 12/03/13 noted back and left leg pain. Physical examination noted decreased range of motion with pain on motion of

the back. Straight leg raise was positive on the left. The claimant was recommended to undergo a laminectomy and discectomy.

Per utilization review adverse determination letter dated 02/20/14, the request for an L5-S1 lumbar laminectomy and discectomy was non-certified noting that the claimant's physical examination on 11/05/13 did not document any findings of significant radiculopathy such as motor weakness, sensory changes, or deep tendon reflex changes. Also, there should be documentation of failure of conservative treatment. It was noted that the claimant did not respond to physical therapy and treatment with Naproxen or Robaxin; however, it was noted that physical therapy had failed for the neck only, and current medications were listed as Ambien and Aleve. No documentation was provided of failure of other analgesics, of recent epidural steroid injections, of physical therapy for the lower back, or of a home exercise program. Also, there was no documentation that the claimant had undergone a pre-surgical psychosocial screening. Based on these factors, the request for an L5-S1 lumbar laminectomy and discectomy was not certified.

A reconsideration request for L5-S1 lumbar laminectomy and discectomy was non-certified by determination letter dated 03/21/14, noting that there were inconsistencies in the medical records, and no valid and consistent objective physical exam findings to support a diagnosis of radiculopathy. A designated doctor evaluation on 10/15/13 reported normal lower extremity strength, knee and ankle reflexes were normal at 2+, both calf circumferences were 36cm, meaning there was no atrophy and no objective evidence of radiculopathy. It was noted that although the claimant's prior diagnostic imaging or electrodiagnostic testing suggested radiculopathy, the guidelines would not support surgical intervention without clinical correlation with physical examination findings. There also was no documentation of failure of appropriate conservative care.

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

Based on the clinical information provided, it is the opinion of this reviewer that medical necessity is not established for an L5-S1 laminectomy with decompression. The claimant sustained an injury on xx/xx/xx secondary to a fall. He complained of neck pain and low back pain radiating to the lower extremities. The records reflect that the claimant has a history of previous complaints of low back pain in 2009 at which time she was diagnosed with a lumbar disc herniation and was treated with an epidural steroid injection on the left at L5-S1 at that time. Lumbar MRI on 05/17/13 showed disc degeneration associated with a broad based central and left paracentral disc herniation at L5-S1 which effaces the thecal sac and causes moderate compromise at the left lateral recess without compromising the neuroforamina. Electrodiagnostic testing revealed findings most consistent with an acute bilateral S1 root irritation with some mild evidence of ongoing denervation. The records indicate the claimant underwent physical therapy for the neck, but there is no documentation of therapy for the low back. She did undergo an epidural steroid injection on 10/11/13 without significant improvement. There is no evidence on physical examination of motor, sensory, or reflex changes that would indicate an active radiculopathy. There were inconsistencies in medical records, and no valid and consistent objective physical exam findings to support a diagnosis of radiculopathy. Given the current clinical data, the request for L5-S1 laminectomy with decompression does not meet criteria for surgical intervention.

IRO REVIEWER REPORT TEMPLATE -WC

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

Low Back Chapter

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).