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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Mar/30/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: IP lumbar microdiscectomy, laminectomy, foraminotomy & partial facetectomy @ L4-5 with 1 day LOS

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 the opinion of this reviewer that the request for IP lumbar microdiscectomy, laminectomy, foraminotomy & partial facetectomy @ L4-5 with 1 day LOS is not medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male with complaints of back pain. On 05/14/14, MRI of the lumbar spine revealed 4mm right paracentral and neural foraminal disc protrusion at L4-5 mildly narrowing the right neural foramen and lateral recess. There was 4mm posterior central disc protrusion at L5-S1 with mild thecal sac and bilateral S1 nerve root sheath impingement greater on the right than left. Disc protrusion also moderately narrowed bilateral recesses.

On 05/14/14, a 2nd opinion MRI of the lumbar spine revealed central and right sided disc protrusion at L5-S1 with obliteration of epidural fat and right S1 nerve root impingement. At L4-5 there was no evidence of disc protrusion in the spinal canal. Central spinal canal, neural foramen appeared normal and there was facet arthropathy on the left. There was normal disc height and signal intensity. Schmorl's nodes were noted at the inferior endplate at L4 and superior endplate of L5 vertebral bodies. On 11/24/14, patient returned to clinic. Pain was rated 7/10. On clinical evaluation he had 4/5 strength of the EHL and tibialis anterior muscles on the right. Deep tendon reflexes were 2+ throughout and symmetric. The patient had a hypoesthetic region over L5 distribution on the right. Assessment was lumbar radiculitis and HNP at L4-5. Due to the failure of conservative measures, recommendation was for lumbar microdiscectomy, laminectomy, and foraminotomy and functional facetectomy at L4-5.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: On 02/03/15, notification of adverse determination noted imaging studies showed evidence of two level pathology at L4-5 and L5-S1 based on physical findings, and it was unclear what the pain generator was. Epidural steroid injections were done at L5-S1 providing some temporary relief. No other selective nerve root blocks were performed to clearly identify the pain generator and no other

diagnostic testing to identify pain generators was available for review including electrodiagnostic testing. Given the clear evidence of two level pathology at L4-5 and L5-S1 that could be contributing to the physical examination findings as the pain generator had not been clearly identified the request was non-certified. On 02/25/15, a notification of reconsideration determination noted the request was non-certified. MRI lumbar spine from showed one- two level pathology with involvement of the nerve root to the right at L5-S1. No selective nerve root blocks or electrodiagnostic studies were available for review to clarify the clinical picture. Therefore the request was non-certified.

For this review, two MRIs dated 05/14/14 were reviewed. These were read by two different radiologists. One read noted disc protrusion at L4-5 to the right with moderate neural foraminal and lateral recess narrowing. There was also a central disc protrusion at L5-S1 with mild thecal sac and bilateral S1 nerve root sheath impingement greater on the right than left. Disc protrusion also moderately narrowed bilateral lateral recesses. The MRI noted central and right sided disc protrusion at L5-S1 with obliteration of epidural fat and right S1 nerve root impingement. There was no evidence of disc protrusion at L4-5 and central canal and neural foramina appeared normal. Therefore, there is discrepancy as to the pain generator for this individual. No electrodiagnostic studies were provided to objectify clarify this. Therefore, it is the opinion of this reviewer that the request for IP lumbar microdiscectomy, laminectomy, foraminotomy & partial facetectomy @ L4-5 with 1 day LOS is not medically necessary and prior denials are upheld.

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 KNOWLEDGBASE

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)