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Notice of Independent Review Decision

[Date notice sent to all parties]:

7/30/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 1 lumbar laminectomy discectomy foraminotomy and partial facetectomy at L4-5 levels between 5/10/15 and 6/24/15

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

Orthopedic Spine 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.

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a xx-year-old who has a diagnoses of chronic low back pain, lumbar disc displacement and lumbar radiculopathy. The patient underwent and epidural steroid injection at L5-S1 on 03/16/2015. The patient underwent an MRI of the lumbar spine on 01/13/2015, which revealed at L4-5 there was a 4 mm posterior central disc protrusion which mildly impinges upon the thecal sac and both the L5 nerve roots; the canal measures 11 mm in its anterior and posterior dimension; and the disc protrusion severely narrowed both of the lateral recesses. The documentation of 04/24/2015 revealed the patient had an epidural steroid injection and physical therapy with no improvement in the previous symptomatology, which was noted to be cramping and low back pain along with radiation into the right lower extremity posterolaterally along the thigh and calf and into the dorsum of the right foot with associated numbness and tingling in a similar distribution. The patient denied bowel or bladder dysfunction. The patient was noted to be a half pack per day smoker. Lumbar spine range of motion revealed 4/5 strength of the tibialis anterior and extensor hallucis longus muscles on the right, otherwise strength was 5/5 throughout. Deep tendon reflexes were +2 throughout and symmetrical. The plantar responses were flexor bilaterally. The gait was antalgic. The patient was limping on the right leg. The patient had difficulty with the heel walk, toe walk, and tandem walk. The straight leg raise was positive on the right at 40 degrees and

negative on the left. The sensory examination revealed a hypoesthetic region over the L5 distribution on the right to pinprick and light touch. Coordination was intact in finger to nose examination and rapid alternating movements. The diagnoses included lumbar radiculitis, herniated nucleus pulposus L4-5, and lumbago. The treatment plan included surgical intervention.

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

The Official Disability Guidelines indicate that the criteria for a discectomy/laminectomy include the patient should have radicular symptoms with corresponding physical examination and MRI findings. Additionally, unequivocal objective findings are required based on the neurologic examination and testing. There should be documentation of symptoms with a straight leg raise, crossed straight leg raise, and reflex examination correlating with symptoms and imaging. To support surgery at the L4 nerve root there should be documentation of mild to moderate unilateral quadriceps and/or anterior tibialis weakness. To support L5 nerve root compression, there should be documentation of unilateral hip, lateral thigh or knee pain, or mild to moderate foot/toe/dorsiflexor weakness. There should be documentation of imaging studies that include nerve root compression. There should be documentation of a failure of activity modification, drug therapy including NSAIDs or other analgesic therapy, muscle relaxants or epidural steroid injection, and there should be documentation of a failure of physical therapy, manual therapy, or psychological screening. The patient had reflexes that were 2+ throughout and symmetrical. There were objective findings of nerve root compression at L4 and L5 and imaging findings of mild impingement of the bilateral nerve root at L5. The patient had undergone multiple sessions of physical therapy and an epidural steroid injections. The patient had a positive straight leg raise examination, but the documentation failed to indicate whether the pain radiated with the testing. There was a lack of documentation of a crossed straight leg raise examination. There was a lack of documentation indicating the patient had undergone activity modification. Given the above and the lack of information, the denial regarding the request for 1 lumbar laminectomy, discectomy, foraminotomy, and partial facetectomy at L4-5 levels between 05/10/2015 and 06/24/2015 is upheld.

IRO REVIEWER REPORT TEMPLATE -WC

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES, Low Back Chapter, Discectomy/ laminectomy