



Notice of Independent Review Decision - WC

DATE OF REVIEW: 02/18/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Revision RT L5/S1, Foraminotomy, Neuroplasty Rt L5/S1, Nerve Root and Spinal Monitoring

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

Board Certified in Orthopedic 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 or not medical necessity exists for each of the health care services in dispute:

- Revision RT L5/S1, Foraminotomy, Neuroplasty Rt L5/S1, Nerve Root and Spinal Monitoring - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant sustained a back injury while at work on xx/xx/xx in an automobile accident. He received conservative care but ultimately underwent L5-S1 fusion on 02/20/04. He continues with back pain and occasional right leg pain.

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

The morbidly obese claimant with depression is status post L5S1 fusion. He continues to complain of pain in his back occasional right leg pain. Sensory exam, reflex and motor exam was normal. advocates the claimant has adjacent segment disease. X-rays showed no evidence for instability with flexion or extension. MRI of the lumbar spine shows that at L5-S1 there are surgical changes of interbody and posterior instrumented fusion with right lateral osteophyte/disk complex that contacts the exiting right L5 nerve root. No evidence of recurrent HNP or canal stenosis is identified. performed nerve root blocks without relief of symptoms. The recommendation was made for decompression, but this is not medically indicated as the claimant has no objective findings or symptoms that would be treated with decompression. The claimant does not meet the ODG criteria of pain in the distribution of the nerve root, or any objective physical findings of nerve compression. The request is not medically necessary.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**