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An Independent Review Organization

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Date of Notice: 12/30/2014

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Neurosurgery

Description of the service or services in dispute:

IP left L5-S1 decompression with 1 day LOS

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)

Patient Clinical History (Summary)

This patient is a male with complaints of back pain. On 12/06/12, the patient was seen, and it was stated he was injured on xx/xx/xx falling down landing awkwardly on the left lower extremity. He stated he hit his back as well. He denied problems with bowel or bladder control at that time. It was noted physical therapy produced no change in his symptoms. He was a current every day smoker smoking every day for 20 years, approximately 1 pack per day. Physical examination found this patient to stand 71 inches tall and weighed 170 lbs. He had an antalgic gait to the left and the pelvis was level with the floor. He had no hyperreflexia and no clonus was noted. Left gastrosoleus strength was 4/5 and left EHL/peroneus strength was also 4/5. Left tibialis anterior strength was 4/5. Lower extremity reflexes were symmetrically present and normal. X-rays of the lumbar spine including flexion and extension x-rays showed loss of disc height at L5-S1 without significant scoliosis. Previous MRI revealed disc desiccation at L4-5 and L5-S1 with end plate changes at L5-S1 and severe loss of disc height at L5-S1. On 03/27/13, the patient underwent a behavioral medicine evaluation at which time it was noted he was cleared for surgery with a fair prognosis. It was noted he was being considered for a decompression at L5-S1. On 09/02/14, an MRI of the lumbar spine revealed at L5-S1 there was disc space height loss and a 4mm broad based posterior disc protrusion was seen, slightly exceeding the posterior osteophytic spurs contained in the annular fissure. The left S1 nerve root was minimally more posterior than the right. No central canal stenosis was identified. Degenerative facet joint changes were noted bilaterally and there was mild bilateral neuroforaminal narrowing at that level. On 09/18/14, this patient was seen in clinic and he complained of both legs with worsening pain. He was using Norco for pain during the day. On exam, he had 5/5 strength in the bilateral lower extremities and he had decreased light touch sensation in the left lower extremity without dermatomal distribution. Left straight leg raise was positive for pain into the left leg and right straight leg raise was positive for pain into the right leg.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

On 10/08/14, a notification of adverse determination was submitted for the requested left L5-S1 decompression with a 1 day length of stay. It was noted that the patient was seen on 09/18/14 and had a positive straight leg raise bilaterally but strength was 5/5 in the bilateral lower extremities. He had

decreased light touch sensation in the left lower extremity without dermatomal distribution. A prior office visit dated 08/21/14 was reviewed showing the patient to have weakness in the left anterior tibialis and EHL as well as the right EHL. It was noted there was not a clear distribution of the patient's leg pain documented and as such, the medical necessity for the procedure had not been established. On 11/26/14, a notification of reconsideration determination was submitted for the requested L5-S1 decompression with a 1 day length of stay and it was noted that the patient had persistent radicular pain, but specific myotomal/dermatomal deficits attributable to nerve root impingement at L5-S1 level were not documented on the most recent clinical exam. A definite diagnosis of radiculopathy at L5-S1 level could not be ascertained to correlate with the MRI findings and in agreement with the previous determination, the medical necessity of the request had not been established. The records submitted for this review indicate that the patient was seen on 09/18/14, at which time it was noted that he had 5/5 strength in the bilateral lower extremities and he had decreased light touch sensation in the left lower extremity without dermatomal distribution. The previous MRI dated 09/02/14 did not reveal significant compression of the neural elements, noting the left S1 nerve root was slightly more posterior than the right likely related to the disc protrusion at L5-S1. Therefore, there is a lack of physical findings that can correlate with the imaging studies. Guidelines do indicate that for a decompression to be considered reasonable, there should be correlation of the imaging studies with findings on physical examination. Therefore, it is the opinion of this reviewer that the request for IP left L5-S1 decompression with a 1 day length of stay is not medically necessary and the 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 and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)