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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 06/13/2015

Review Outcome:

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

Orthopedic Surgery

Description of the service or services in dispute:

Laminectomy with possible discectomy @L4-5 Right LOS 1 day
Post op lumbar brace

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.

Laminectomy with possible discectomy @L4-5 Right LOS 1 day is medically necessary
Post op lumbar brace is not medically necessary

Patient Clinical History (Summary)

The patient is a male who reported an injury to his low back. No description of the initial injury was provided. The patient's past medical history is significant for a surgical intervention in the lumbar region in 2001 that involved a discectomy. The clinical note dated 01/19/15 indicates the patient complaining of 6/10 pain in the low back. A tingling sensation was also identified in the right upper extremity. The clinical note dated 03/09/15 indicates the patient rating the low back pain as 8/10 at that time. Radiating pain was identified into the right hip, calf, and foot. Strength deficits were identified at the right EHL. The clinical note dated 03/10/15 indicates the patient having undergone an epidural steroid injection at L5-S1 on 02/27/15 with no significant benefit. The note indicates the patient utilizing Mobic and Norco for pain relief. The CT myelogram dated 03/25/15 revealed a previous laminectomy at L5-S1. Moderate disc narrowing was identified at this level as well. A 3-4mm broad based right sided posterior paracentral and posterolateral disc bulge and protrusion was identified resulting in moderate to severe right sided neuroforaminal stenosis. The electrodiagnostic studies completed on 03/26/15 revealed evidence of right sided lumbosacral radiculitis, most notably in the right L5 nerve root. The clinical note dated 05/01/15 indicates the patient continuing with complaints of numbness, tingling, and weakness in the lower extremities. The patient continued to rate his low back pain as 9/10. The patient had previously undergone physical therapy for 8 weeks as well as injections. No significant benefit was identified.

The utilization reviews dated 05/14/15 and 05/18/15 indicate the patient being endorsed for the proposed surgical intervention involving a laminectomy and discectomy at L4-5; however, the additional request for a postoperative brace resulted in a denial as insufficient information has been published in peer reviewed literature supporting the use of lumbar braces in the postoperative setting following a laminectomy and

discectomy.

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

The documentation indicates the patient complaining of low back pain with associated strength, sensation, and reflex deficits in the lower extremities. A laminectomy with a possible discectomy is indicated in the lumbar region provided the patient meets specific criteria to include significant findings identified by exam and imaging studies confirm the patient's pathology following a full course of conservative treatments. There is an indication the patient has undergone physical therapy as well as injections. Additionally, the MRI revealed significant findings at the L4-5 level indicating a likely benefit to a surgical intervention. Furthermore, the clinical notes indicate the patient showing findings consistent with radiculopathy in the L5 distribution. Given these factors, the requested laminectomy with a possible discectomy at L4-5 is indicated along with a 1 day inpatient stay. However, no high quality studies have been published in peer reviewed literature supporting the use of a lumbar brace in the postoperative setting following a laminectomy/discectomy. Without any high quality studies supporting the safety and efficacy of the use of a brace in the low back following a surgical intervention to include a discectomy and laminectomy, the additional request for a postoperative lumbar brace is not indicated. Therefore, while the request for a surgical intervention to include a laminectomy with a possible discectomy at L4-5 on the right with a 1 day inpatient stay is indicated, the additional request for a postoperative lumbar brace is not indicated as medically necessary. As such, the request for the laminectomy and possible discectomy at L4-5 on the right with a 1 day length of stay is recommended as medically necessary; however, the request for a postoperative lumbar brace is not recommended as medically necessary.

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)