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***An Independent Review Organization***

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***Notice of Independent Review Decision***

***Case Number:***

***Date of Notice:*** 07/17/2015

***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:***

Decompressive laminectomy L4-5 additional level L5-S1 microscopic technique

***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)***

The patient is a male who reported an injury to his low back when he stepped on some pipes and fell forward striking the ground with the left side of his body. The initial incident took place on xx/xx/xx. The MRI of the lumbar spine dated 12/11/13 revealed a slight disc bulge without significant spinal canal narrowing or neural foraminal narrowing at L4-5. A mild disc bulge was identified L5-S1 impinging on the anterior epidural fat. Moderate thickening was identified at the L5-S1 ligamentum flavum bilaterally. Mild to moderate spinal canal narrowing and moderate right and mild left neural foraminal narrowing were identified. The clinical note dated 11/26/14 indicates the patient continuing complaints of low back pain. There is indication the patient had completed 15 physical therapy sessions to date. The patient rated his low back pain as 5-7/10. Radiating pain was identified into the lower extremities, right greater than left. The radiating pain was also identified into the feet. Decreased range of motion was identified throughout the lumbar spine in all ranges. The EMG/NCV report completed on 01/29/15 revealed evidence of a right S1 radiculopathy that was chronic in nature. The clinical note dated 03/06/15 indicates the patient continuing with complaints of low back pain with radiating pain to the lower extremities, right greater than left. The patient rated the pain 8+/10. Reflexes were identified as being hypoactive in the right ankle. Decreased sensation was revealed at the L4, L5 and S1 distributions, bilaterally. The patient was recommended for an epidural steroid injection at that time. The clinical note dated 04/30/15 indicates the patient having undergone an epidural steroid injection on 04/22/15. The patient reported no significant benefit. The patient rated his pain 7-9/10 at that time. The clinical note dated 05/31/15 indicates the patient being recommended for a L4-5 and L5-S1 decompressive laminectomy.

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

The clinical documentation indicates the patient complaining of ongoing low back pain. There was an indication the patient had significant findings at the L5-S1 level confirmed by the MRI. Furthermore, the electrodiagnostic studies revealed chronic radiculopathy in the S1 distribution with no other significant findings. There are clinical findings consistent with radiculopathy in the L4, L5 and S1 distributions. There was also indication the patient had previously undergone conservative treatments to include physical therapy as well as an epidural steroid injection with no long lasting benefit. However, given the lack of

supporting evidence regarding confirmation of involvement with the L4-5 level by imaging studies or electrodiagnostic studies it's unclear if the patient would benefit from a procedure involving the L4-5 level. Therefore, the request involving decompressive laminectomy at L4-5 and L5-S1 is not indicated. As such, it is the opinion of this reviewer that the quest for decompressive laminectomy at L4-5 with an additional level at L5-S1 with a microscopic technique 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 AHCPR-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 Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)