

# Pure Resolutions LLC

An Independent Review Organization

Phone Number:  
(817) 779-3288

990 Hwy. 287 N. Suite 106 PMB 133  
Mansfield, TX 76063  
Email: [pureresolutions@irosolutions.com](mailto:pureresolutions@irosolutions.com)

Fax Number:  
(817) 385-9613

## Notice of Independent Review Decision

### Review Outcome:

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

Neurosurgeon

### Description of the service or services in dispute:

COSA L4-5 laminectomy with possible fusion--inpatient 2 days

**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 was injured on xx/xx/xx when he slipped and fell. The patient developed complaints of low back pain radiating to the bilateral lower extremities. The patient's prior conservative treatment did include lumbar epidural steroid injections as well as physical therapy, bracing, and several medications without long term benefit. MRI studies of the lumbar spine from 04/01/14 noted a small amount of soft tissue extending posteriorly from the disc space presumably the annulus. No signs of nerve root clumping were identified. There was no neuroforaminal encroachment. There may have been some possible contact of the right L5 nerve root. The report was not of super high quality, therefore there was some difficulty in discerning the level of findings. The patient did have CT myelogram studies also completed for the lumbar spine on 11/19/14 which found a postoperative intervertebral spacer at the L4-5 level with indentation of the thecal sac due to osteophyte formation and postoperative scarring. The adjacent end plates did show bony incorporation of the intervertebral spacer at L4-5. There was scarring and osteophyte formation within the left lateral recess involving the transiting left L5 nerve root. No central canal stenosis was evident. The patient had been followed with continuing complaints of low back pain. The 11/25/14 clinical report indicated the patient had undergone electrodiagnostic studies; however, these were not available for review. The patient indicated his radicular symptoms were in the calves and ankles, right side worse than left. The patient's most recent physical examination noted good heel and toe walking with full range of motion of the hips. No focal motor weakness, sensory deficit, or reflex changes were evident. Straight leg raise signs did appear to be normal.

The proposed L4-5 laminectomy and possible fusion with a 2 day inpatient stay was denied by utilization review as there was no evidence of an unstable fusion at the L4-5 level and the patient's physical examination findings did not correlate with CT myelogram evidence of nerve root involvement to the left at L5.

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

The clinical documentation submitted for review did note persistent complaints of low back pain radiating to the lower extremities, right side worse than left per the patient's subjective complaints. The most recent physical examination on 11/25/14 did not identify any focal neurological deficits that would correlate with CT myelogram findings noting left L5 nerve root encroachment. There was no motor weakness, reflex changes, or sensory deficits evident on physical examination that would support a diagnosis of an active lumbar radiculopathy. Imaging studies did note a consolidated lumbar fusion at L4-5 and there was no evidence or pseudoarthrosis to consider possible revision procedures at this level. Given the absence of objective findings for a lumbar radiculopathy, it is this reviewer's opinion that medical necessity for the proposed decompression at L4-5 via laminectomy with possible fusion is not established at this time. Therefore, there would be no requirement for a 2 day inpatient stay. As such, 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 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)