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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: September 4, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Laminectomy/discectomy at L4-S1 and one day hospital stay (63047, 63048).

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

M.D., 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)

The requested laminectomy/discectomy at L4-S1 and one day hospital stay (63047, 63048) is not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported a work-related injury on. The patient is diagnosed with herniated nucleus pulposus and low back pain. He has been treated with medication, physical therapy and injections without substantial relief of symptoms. The patient is noted to have positive straight leg raise and decreased sensation over the L5 dermatome. However, he is also noted to have full strength and normal deep tendon reflexes. The patient underwent a psychological evaluation that has cleared him for surgical intervention. Magnetic resonance imaging (MRI) of the spine dated 2/25/15 revealed at L4-5 posterior central disc protrusion

extending 4 mm beyond the vertebral endplates impinging upon the thecal sac without posterior or lateral displacement of the descending L5 nerve roots, mild degenerative disc narrowing and dehydration, no foraminal stenosis and mild facet hypertrophy with joint effusion bilaterally; at L5-S1 imaging revealed focal disc protrusion to the right of midline extending 4 mm beyond vertebral endplates containing high-intensity zone in the peripheral annular fibers, impingement upon the thecal sac and descending right S1 nerve root, descending right S1 nerve root is displaced posterior, no foraminal stenosis and degenerative disc narrowing and dehydration. The plan of care was to proceed with laminectomy/discectomy at L4-S1 due to a lack of response to conservative therapy.

The URA denial letter dated 8/5/15 indicates that there is no documentation of subjective pain, failure of conservative treatment and no imaging findings of nerve root compression or moderate or greater central canal stenosis, lateral recess or neural foraminal stenosis at L4-5.

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

According to Official Disability Guidelines (ODG) surgical interventions can be warranted when there is severe unilateral muscle weakness in the correlating dermatomal distributions, mild to moderate muscle weakness in the correlating dermatomal distributions, and unilateral pain corroborated on imaging studies, failure of at least two months of conservative care and objective findings of radiculopathy on physical examination. This patient has documented positive straight leg raise and decreased sensation on the clinical note dated 6/26/15. However, a physical examination was not documented on that date. On 4/7/15, the patient's physical examination was positive for paraspinal musculature tenderness. Straight leg raise was negative bilaterally, sensation was noted to be intact, muscle strength was within normal limits and reflexes were within normal limits. His range of motion was noted to be "good" with flexion, extension, side bending and rotation. However, it was noted to elicit pain. Given the lack of physical examination findings indicative of radiculopathy the patient does not meet ODG criteria for surgical intervention. Furthermore, there is a lack of documentation provided evidencing a failure of conservative therapy. It was noted the patient participated in physical therapy and injections, however there were no physical therapy notes included in the documentation submitted for review indicating a failure of therapy. Furthermore, the patient does not have physical examination findings of loss of reflexes or muscle strength. If the requested surgery was deemed medically necessary the subsequent request for one day hospital stay would be appropriate. However, due to the lack of documentation evidencing failure of conservative therapy and physical examination findings indicative of radiculopathy the requested surgery is not medically necessary. As such, the request for laminectomy/discectomy at L4-S1 and one day hospital stay (63047, 63048) is not medically necessary for the treatment of the patient's medical condition.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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 & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)**