

Independent Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 09/03/2015

Review Outcome:

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

Neurological Surgery

Description of the service or services in dispute:

1. Inpatient two day for L3-S1 decompressive laminectomy and left discectomy and
2. Durable medical equipment (DME): lumbar brace, at/as

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 is an individual with complaints back pain. On 04/17/15, an MRI of the lumbar spine was obtained and was noted that from L1-2 down to L3-4 was unremarkable. At L4-5 there was a 1mm diffuse posterior disc bulge with mild effacement of the ventral thecal sac and mild bilateral foraminal stenosis. At L5-S1 there was a 1mm diffuse posterior disc bulge with small left intraforaminal disc protrusion, with mild effacement of the left S1 traversing nerve root noted without central canal stenosis. There was mild facet arthrosis. The neural foramina were mildly narrowed with mild contact of the L5 nerve ganglia. On 05/27/15, electrodiagnostic studies were performed finding evidence most consistent with radiculopathy of the left L5-S1 paraspinal muscles. There was no evidence of a right L2-S2 radiculopathy. On 06/22/15, a CT of the lumbar spine noted multilevel mild to moderate degenerative disc and facet disease, borderline spinal stenosis at L4-5 and slight left sided protrusion at L5-S1. On 06/04/15, the patient was seen in clinic for low back pain with bilateral radiating leg symptoms. The patient stated he had been treated with conservative measures including medications and physical therapy, and pain was rated at 8-9/10. Described symptoms included bilateral buttock, lower extremity pain and numbness. He was a current every day smoker. On exam, left leg and foot sensation were diminished. Strength in the bilateral lower extremities was preserved. Deep tendon reflexes were rated at 2 with exception of the left ankle rated at 0. A decompressive laminectomy and fusion from L4 to S1 was recommended at that time. A post-operative brace was also support recommended. On 06/23/15, the patient returned to clinic. On exam strength in the lower extremities was preserved, left ankle reflex was 0 and right ankle reflex was 1 and the left knee reflex was 0, and right knee reflex was 1. Imaging studies were reviewed, and a decompressive laminectomy and left discectomy L3 to S1 was recommended.

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

On 07/13/15, a letter of adverse determination was submitted noting recommendation was for denial the

requested service. It was noted that there is no description of specific dermatomes for sensory loss, and no weakness noted in the bilateral lower extremities. No physical therapy notes were submitted to indicate the timing and outcome of care and the electrodiagnostic testing only revealed radiculopathy on the left at L5-S1. Therefore the request for surgery was not supported and the request for two day inpatient stay was not supported and the request for post-operative brace was not supported.

On 08/10/15, an appeal determination denial was submitted and the rationale was there was documentation of decreased sensation in the left lower extremity in an undescribed distribution, described as a stocking glove like pattern of the whole lower extremity inconsistent with specific radiculopathy. This was not supported by the findings of the electrodiagnostic testing which reported evidence of a right L5-S1 radiculopathy. A peer to peer occurred noting that the patient had very low relief from the injections and was having symptoms from L4 to S1. IT was noted the patient was having urinary retention which may warrant further imaging. Therefore the requested service was not supported as being medically necessary.

The records provided for this review include the electrodiagnostic study of 05/27/15 confirming radiculopathy in a left L5-S1 paraspinal muscles. The CT of the lumbar spine reveals at L2-3 there was a mild broad based protrusion with minimal central canal narrowing without stenosis, L3-4 shows mild broad based protrusion with minimal facet hypertrophy and slight earring without significant stenosis, L4-5 shows mild broad based disc bulge with mild to moderate facet hypertrophy and borderline central stenosis, and at L5-S1 there was a mild slightly lobulated protrusion greater in the left paracentral to lateral region abutting the left S1 nerve root. Mild to moderate left and minimal right neural foraminal narrowing was noted at that level. No physical therapy notes were provided for this review. The most recent physical examination indicates the patient has 5/5 strength in the bilateral lower extremities, and reflexes are decreased at the left knee, left ankle, right knee and right ankle. Sensation is described as diminished in the left leg and left foot, not in a definite pattern, and sensation is also described as intact in the previous section of that same report.

Guidelines state that procedure may be considered reasonable and necessary for those patients who have physical findings that correlate with imaging studies and or electrodiagnostic studies and who have failed lesser measures. With the electrodiagnostic study revealing only L5-S1 radiculopathy, and with minimal pathology at L3-4 level, and with lack of documentation of failure of lesser measures, it is the opinion of this reviewer the request for an L3 to S1 decompressive laminectomy and left discectomy, inpatient two day and durable medical equipment of lumbar brace is not medically necessary and the previous 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 Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)