AccuReview

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[Date notice sent to all parties]: February 29, 2016
IRO CASE #:
DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Lumbar Decompression at L1-L2, Possible Discectomy with 1 Day Length of Stay

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

This physician is Board Certified in Orthopaedic Surgery with over 16 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a female who sustained an injury XX/XX/XX after sustaining a fall.

XX/XX/XX: Report. The claimant was operating an X loading X on the X. As she proceeded around the lift to latch the rear lift, she tripped over the corresponding curb, falling forward and hitting her head on the lower panel of the bus snapping her neck and back. She was unable to get up without assistance and the paramedics were called.

XX/XX/XX: Emergency Room Visit. CC: GLF, denies LOC, arrived in c-collar reporting head and back pain. Results/Interpretations: Impression: 1. No evidence of acute osseous abnormality of the cervical spine. 2. Non-fusion of the posterior arch of C1 which is likely congenital. 3. Postoperative change demonstrated with cerclage wire seen at the posterior elements/posterior spinous processes at C5-7. Fusion at the facets bilaterally C5-7 is noted. Fusion across the disc space at C5-6 and C6-7 is noted. 3. Ossification of the posterior longitudinal ligament posterior to C2-4 ad posterior to C7 extending throughout the imaged portion of the thoracic spine is noted. This does contribute to underlying spinal canal narrowing however definitive evaluation would be best suited with a dedicated MRI.

XX/XX/XX: CT L-Spine w/o Contrast. Impression: No acute fracture. L4-S1 posterior fusion hardware and multilevel degenerative changes. Additional findings as above.

XX/XX/XX: Emergency Room Discharge Report. Follow up with (Spine Surgeon) in 2-3 days, call as soon as possible for appointment. Take medications as directed: Valium 5mg.

XX/XX/XX: Physical Capacity Evaluation. Activity: sitting-continuously; walking, sitting and lifting-intermittent; no bending, squatting, climbing, kneeling, or twisting. Lifting restrictions: 0-10 lbs. May not operate a motor vehicle.

XX/XX/XX: Initial Evaluation. CC: LBP and neck pain, 4/10. Claimant has received previous PT after cervical fusion and lumbar fusion surgeries. Assessment: Claiamnt demonstrated LBP and neck pain with mobility deficits 2/2 hx of fusions. Mobility deficits and pain exacerbated by recent fall causing muscle guarding. Performs functional mobility and med mobility cautiously and slowly as to not exacerbate symptoms. Claimant will benefit from skilled PT in order to facilitate by addressing strength, controlled mobility, stability, endurance, education, pain and HEPO. Prognosis/rehabilitation potential: good. Claimant would benefit from skilled therapy to address the functional problems and goals outlined below.

XX/XX/XX: Progress Note. S: claimant reported neck and low back pain that is feeling pretty good lately. O: therapeutic exercise 30 minutes. A: Continues to demonstrate poor strength and endurance of spinal stabilizers and weak hip musculature but making progress toward goals. Will continue to benefit from skilled therapy to address weakness, endurance, stabilization, pain, HEP and education. P: continue plan of care.

XX/XX/XX: Prescription for Referral. Request MRI of the cervical and lumbar spines.

XX/XX/XX: MRI Lumbar Spine without Contrast. Impression: 1. Right posterolateral focal protrusion at L5-S1 causing severe right lateral recess stenosis. 2. Central canal stenosis at L1-2 greater than L2-5 with significant right lateral recess stenosis at L1-2. 3. Other neural foraminal and internal recess stenosis as defined above.

XX/XX/XX: Office Visit. CC: neck and back pain. She stated that therapy made the back pain worse and is now low thoracic and upper lumbar. Claimant noted some ambulatory difficulty but no true radicular pain. She continues unable to work. PE: claimant is sitting uncomfortably, and had difficulty getting out of the chair, acquiring a full upright position, stooped forward. Paravertebral muscles are tender bilateral. Lumbar ROM is painful. Spinous processes are non-tender. SLR are normal bilateral with no issues. Waddell's test shows non-specific tenderness, stimulation/axial loading. Distraction: seated SLR. Regional Disturbances and Overreaction absent. Left light touch is abnormal at L2 dermatomes. Assessment: previous cervical and lumbar surgeries, new onset lumbar injury, herniated disc stenosis L1 to with corresponding radiculopathy. This has failed conservative treatment. Plan: Claimant is a candidate for decompression/discectomy at L1-2.

XX/XX/XX: Behavioral Health: presurgical pysch eval. General Conclusions: very mild adjustment issues. Psychosocial problems should not impact surgical outcome. The claimant has a strong work history, excellent response to previous spine surgery, and takes no opioid medication. No psychosocial treatment needed. The claimant is clear for the surgery with a good psychosocial prognosis for pain reduction and functional improvement.

XX/XX/XX: UR. Reason for denial: The ODG recommends a decompression procedure, such as the discectomy/laminectomy for individuals with radicular symptoms that correspond with objective findings and imaging studies, who have failed to improve with conservative treatment. The progress note states that the injured employee does not have any radicular complaints. Additionally, the MRI of the lumbar spine, dated XX/XX/XX, reveals potential right-sided findings at L5-S1 and L1-L2 but there are left-sided findings on physical examination. Considering the absence of these symptoms and lack of corroboration between physical examination findings and imaging studies, this request for a lumbar decompression at L1-L2 and possible discectomy with a one day hospital length of stay is not medically necessary.

XX/XX/XX: UR. Reason for denial: The ODG recommends a decompression procedure, such as the discectomy/laminectomy for individuals with radicular symptoms that correspond with objective findings and imaging studies, as well as failure to improve with conservative treatment. The progress note states that the injured employee does not have any radicular complaints. Additionally, the MRI of the lumbar spine, dated XX/XX/XX, reveals potential right-sided findings at L5-S1 and L1-L2. However, there are left-sided findings of decreased sensation at the left L2 dermatome on physical examination. Considering the absence of these symptoms and lack of corroboration between physical examination findings and imaging studies, this request for a lumbar decompression at L1-L2 and possible discectomy with a one day hospital length of stay is not medically necessary.

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

The request for L1-2 laminectomy and possible discectomy is denied. The Official Disability Guidelines (ODG) supports laminectomy and discectomy in patients with radicular symptoms, which are consistent with the imaging studies. The physical examination should also correlate with muscle atrophy, reflex abnormalities, and/or sensory loss associated with compression of a specific nerve root. Patients with central canal stenosis typically complain of leg pain associated with prolonged walking. This claimant is dealing with back pain following fall. She has no radicular complaints. She has no complaints consistent with central spinal stenosis. On examination, she has a left L2 sensory abnormality. Her MRI demonstrates central canal stenosis with right lateral recess stenosis at L1-2, which does not correlate with her examination. She does not meet criteria for lumbar decompression. The proposed surgery is not medically necessary. Therefore, after reviewing the medical records and documentation provided, the request for 1 Lumbar Decompression at L1-L2, Possible Discectomy with 1 Day Length of Stay is denied.

Per ODG:

Discectomy/ laminectomy	**ODG Indications for Surgery™ -- Discectomy/laminectomy --** Required symptoms/findings; imaging studies; & conservative treatments below: I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging. Findings require ONE of the following: A. L3 nerve root compression, requiring ONE of the following: 1. Severe unilateral quadriceps weakness/mild atrophy 2. Mild-to-moderate unilateral quadriceps weakness 3. Unilateral hip/thigh/knee pain B. L4 nerve root compression, requiring ONE of the following: 1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy 2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness 3. Unilateral hip/thigh/knee/medial pain C. L5 nerve root compression, requiring ONE of the following: 1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy 2. Mild-to-moderate foot/toe/dorsiflexor weakness 3. Unilateral hip/lateral thigh/knee pain D. S1 nerve root compression, requiring ONE of the following: 1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy

2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness

3. Unilateral buttock/posterior thigh/calf pain

(EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)

II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:

A. Nerve root compression (L3, L4, L5, or S1)

B. Lateral disc rupture

C. Lateral recess stenosis

Diagnostic imaging modalities, requiring ONE of the following:

1. MR imaging

2. CT scanning

3. Myelography

4. CT myelography & X-Ray

III. Conservative Treatments, requiring ALL of the following:

A. Activity modification (not bed rest) after patient education (>= 2 months)

B. Drug therapy, requiring at least ONE of the following:

1. NSAID drug therapy

2. Other analgesic therapy

3. Muscle relaxants

4. Epidural Steroid Injection (ESI)

C. Support provider referral, requiring at least ONE of the following (in order of priority):

1. Physical therapy (teach home exercise/stretching)

2. Manual therapy (chiropractor or massage therapist)

3. Psychological screening that could affect surgical outcome

4. Back school (Fisher, 2004)

For average hospital LOS after criteria are met, see Hospital length of stay (LOS).

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 JUDGEMENT, 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)**