

True Resolutions Inc.

An Independent Review Organization

1301 E. Debbie Ln. Ste. 102 #624

Mansfield, TX 76063

Phone: (512) 501-3856

Fax: (888) 415-9586

Email: manager@trueresolutionsiro.com

Date: 5/21/2018 10:32:10 AM CST **Amended** 5/26/2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left L3-L5 Laminectomy Discectomy

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

REVIEW OUTCOME:

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

- | | |
|--|--------------------------------|
| <input checked="" type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a XXXX with history of an occupational claim from XXXX. The mechanism of injury was detailed as XXXX. The patient's diagnoses included lumbosacral back pain, lumbar disc herniation with radiculopathy, sciatica, and spinal instability. The patient's treatment history included medications, physical therapy, and multiple epidural steroid injections. The patient underwent an MRI on XXXX. The patient had multilevel spondylosis from the L3 to the S1 with a grade 3 disc bulge and facet arthropathy without significant canal or neuroforaminal stenosis. The patient also had a small hemangioma at the L3 vertebral body. The patient was most recently evaluated on XXXX. On that day, the patient complained of low back pain radiating into the bilateral lower extremities. Objective findings included decreased motor strength of the left lower extremity dorsiflexion and diminished sensation of the left lower extremity consistent with the L4 through S dermatomal distribution. The patient also had limited range of motion secondary to pain and a positive left-sided straight leg raising test. The treatment plan included a laminectomy/discectomy from the L3 through L5 on the left side. This request was previously reviewed and received an adverse determination due to a lack of pathology at the request levels.

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

The Official Disability Guidelines, low back chapter, recommends decompression of the nerve roots for patient's signs and symptoms consistent with pathology identified on imaging study and are refractory to conservative treatment. The clinical documentation submitted for review does indicate that the patient has been treated with physical therapy, medications, and epidural injections and has a clinical presentation consistent with L3-L4 and L4-L5 pathology. Furthermore, the documentation does indicate that there is a hemangioma at the L3 which is likely contributory to the patient's radicular signs and symptoms. Given the physical and functional limitations of the patient, decompression and laminectomy would be supported in an attempt to resolve the patient's limitations.

As such, the requested left L3 through L5 laminectomy and discectomy is medically necessary and overturned.

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
- AHRQ- 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
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low Back Chapter, Discectomy/ laminectomy