MET HEALTHCARE SOLUTIONS
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Notice of Independent Review Decision

X:

IRO Case number: X

Description of the services in dispute

X

Description of the qualifications for each physician or health care provider who reviewed the decision

X

Review outcome

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

☒ Partially Overturned (Agree in part/Disagree in part)

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

Information provided to the IRO for review

X

Patient clinical history

The Claimant is a X who sustained an injury on X and is diagnosed with low back pain; Lumbar radiculopathy who is requesting coverage of left X microdiscectomy, laminotomy, foraminotomy with decompression and all indicated procedures guidance.

Office visits note from X dated X documents that the claimant has complaints of lumbar radiculopathy, post-laminectomy syndrome and low back pain. Assessment / plan portion of the note states “Patient underwent X and bilateral decompression X bilateral pedicle screws posterior transverse process fusion on X. Patient underwent a left X + trigger point injection into abdominal neuroma on X. Patient was experiencing significant abdominal pain near X incision site that had improved with trigger point injection into the neuroma. X reports X leave of absence from work has been extended until X. Patient continues to experience significant pain, difficulties with ADL's, and difficulty ambulating. Discussed work form and will fill out accordingly. Today, patient presents with persistent left sided referred groin pain and left hip/thigh pain consistent with the X nerve root distribution. X underwent a left X ESI on X and X, X reports >80% pain relief following the injection. X reports complete resolution of pain after injection but that is returns after a week or so. Recent MRI of lumbar spine demonstrated X disc bulge with moderate spinal stenosis and facet hypertrophy; X fused without bulges or stenosis; X moderate disc bulge, with moderate bilateral neural foraminal narrowing, moderate facet hypertrophy, disc encroachment on far lateral right and left X nerve roots. X-ray of lumbar spine shows 2-3 decreased disc space, facet hypertrophy, and DDD; X hardware stable and Intact. X underwent a left X TESI on X and reports 80% pain relief and the N/T of X left foot has resolved. X reports the groin and hip pain is very bothersome. Discussed repeating ESI will not lead to long term pain relief as X is only getting short term relief. Discussed possibility of needing a X. Patient would like to proceed”

Adverse determination- Utilization review, Texas Worker’s Compensation Coverage from X dated X states “The request for X is not recommended medically necessary. The claimant had continued to report lower back and left leg pain despite physical therapy, medications, and epidural steroid injections. The current physical exam did note left hip flexor weakness with sensory change in the left X distribution. However, the submitted records

did not include a current imaging report for the lumbar spine detailing neurocompressive pathology at X that would be amenable to surgical decompression. Further, the submitted request includes all indicated procedures which is open ended and needs to be clarified further by the requestor. Given these issues which do not meet guideline recommendations, I cannot recommend certification for this request."

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision

The Claimant is a X who sustained an injury on X and is diagnosed with low back pain; Lumbar radiculopathy who is requesting coverage of X.

Upon extensive review of the provided documentation, and medical records it is noted that the claimant underwent X ALIF procedure on X and bilateral decompression from X with pedicel screws and posterior transverse process fusion on X. X, the claimant complained of ASD (adjacent segment disease) with persistent left sided referred groin pain and left hip/thigh pain consistent with the X nerve root distribution. Graduated treatment with eventual ESI on X and X provided temporizing relief (80%) that lasted about one week. Recent MRI revealed a 3.8 mm X-disc bulge with moderate spinal stenosis and facet hypertrophy. History, examination findings and MRI findings correlated to suggest ASD involving the X level after prior X fusion surgery as described. ASD is not uncommon with multi-level lumbar fusion surgery and occurs at a rate between 3.9 to 14% [1-3]. The submitted records did reveal corroborating recent MRI findings detailing X neurocompressive pathology that would be amenable to X. When X, X is recommended. X, with its X, less traumatic approach, and X, is considered the gold standard for X [4].

Therefore, it is the professional surgical opinion of this reviewer that the request to X was too open ended upon submission and is not medically

necessary. However, X is medically necessary in this case as the claimant meets ODG criteria given his symptoms, imaging findings and performed conservative treatments. The previous adverse determination is partially overturned.

Description and source of the screening criteria or other clinical basis used to make the decision

- ☐ ACOEM - American College of Occupational and Environmental Medicine Um Knowledgebase
- ☐ AHRQ - Agency for Healthcare Research and 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