

US Decisions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/23/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient lumbar laminectomy discectomy L4-5 and L5-S1

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

M.D., Board Certified Orthopedic Spine Surgeon, Practicing Neurosurgeon

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds medical necessity does not exist for outpatient lumbar laminectomy discectomy L4-5 and L5-S1.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Concentra office visit notes dated 12/08/09-04/21/10

Employee's claim for compensation for a work related injury or occupational disease dated 12/14/09

MRI lumbar spine dated 02/25/10

Office visit notes, M.D. 05/05/10-05/25/12

New patient consultation and follow-up notes, M.D. 07/15/10-10/26/10

Operative note dated 09/13/10

Operative note dated 11/08/10

MRI lumbar spine dated 04/28/12

Notice of utilization review findings dated 05/23/12

Notice of utilization review findings dated 06/07/12

Peer review report dated 06/26/12

Letter To Whom It May Concern dated 07/03/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female whose date of injury is xx/xx/xx. The records indicate she slipped and fell on a wet floor in a restroom sustaining multiple injuries. Initial treatment included physical therapy, epidural steroid injection times two, and subsequent bilateral shoulder surgery. MRI of the lumbar spine performed 02/25/10 revealed disc herniation at L1-2 resulting in mild spinal canal narrowing but no compromise of the thecal sac. There were mild degenerative disc changes at L3-4 and L4-5 with mild congenital stenosis resulting in mild spinal canal narrowing. There was disc protrusion eccentric to the left at L5-S1, which abuts the left S1 nerve root. At L4-5 there is mild to moderate bilateral neural foraminal narrowing with mild to moderate left foraminal narrowing also at L5-S1. Facet arthropathy also was noted. The claimant remains symptomatic despite conservative treatment. She complained of back pain and pain radiating down the right leg and in an L4-5 distribution in her left leg. Physical examination on 03/21/12 reported some tenderness over the lower back and tenderness over the buttocks. There was some dysesthesia and numbness in an L4-5 distribution in the right leg and to a lesser degree in the left leg. EHL was 4/5. Reflexes were 1. Toes were downgoing. There was no clonus.

Repeat MRI of the lumbar spine was obtained on 04/28/12 and revealed mild disc

degeneration at L3-4 with 2mm broad based disc bulge, mild central canal and foraminal stenosis. At L4-5 there is a mild disc degeneration with a 3mm broad based subligamentous disc protrusion, mild to moderate central canal stenosis, mild facet arthropathy and mild to moderate foraminal stenosis. At L5-S1 there is mild disc degeneration with 4mm left posterior lateral disc herniation, which appears to impinge the left S1 nerve root in the lateral gutter. Moderate central canal stenosis, bilateral facet arthropathy and foraminal stenosis also was noted at this level. Claimant was recommended to undergo lumbar laminectomy and discectomy at L4-5 and L5-S1.

A utilization review determination dated 05/23/12 recommended non-authorization of outpatient lumbar laminectomy discectomy L4-5 and L5-S1 noting that although the claimant would appear to have spinal stenosis (and not a radiculopathy) there was no good history of neurogenic claudication symptoms and MRI scan done 04/26/12 showed three level disease, none of which were rated worse than moderate in severity. Therefore lacking a convincing history of claudication or image evidence of severe stenosis the request was denied.

Utilization review determination dated 06/07/12 recommended non-authorization of appeal request for outpatient lumbar laminectomy discectomy L4-5 and L5-S1. Reviewer noted that based on Official Disability Guidelines criteria the proposed two level surgery cannot be supported. While the claimant appears to be with clinical symptoms on examination, there is nothing to justify surgery at two levels as stated. Recent MRI indicates the claimant is with nerve irritation at the L5-S1 level, but there is no documented compression at the L4-5 level that would warrant the proposed intervention. Based on the above findings and lack of any form of electrodiagnostic testing the proposed treatment cannot be supported as medically necessary.

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

The claimant sustained a slip and fall injury on xx/xx/xx. She was treated conservatively with physical therapy. She also underwent epidural steroid injection times two, which reportedly provided significant relief, however, there was not resolution of symptoms. MRI of the lumbar spine on 04/28/12 revealed multilevel degenerative changes with 2mm broad based disc bulge at L3-4. At L4-5 there is a 3mm broad based subligamentous disc protrusion with mild to moderate central stenosis and foraminal stenosis. At L5-S1 there is a 4mm left posterior lateral disc herniation, which appears to impinge the left S1 nerve root in the lateral gutter, with moderate central canal stenosis and foraminal stenosis. Physical examination on 03/21/12 revealed dysesthesia and numbness in an L4-5 distribution of the right leg and to a lesser degree in the left leg. EHL was 4/5. Reflexes were 1. Noting that the claimant's examination findings were predominantly on the right and pathology on MRI was lateralizing to the left at L5-S1, and noting that there is no neurocompressive pathology at the L4-5 level, the reviewer finds medical necessity does not exist for outpatient lumbar laminectomy discectomy L4-5 and L5-S1.

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

- ACOEM-AMERICA 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)