

REVIEWER'S REPORT

DATE OF REVIEW: 04/20/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L3/L4 decompression discectomy and interbody fusion

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., Board Certification: American Board of Orthopedic Surgery, with experience in the evaluation of patients with low back pain and extremity pain and extensive experience in the review of medical records for both retrospective and prospective presence of documentation sufficient to justify medical necessity

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Based on the lack of any clinical records to review, the only outcome that can be justified is upheld.

INFORMATION PROVIDED FOR REVIEW:

1. URA denial by, MD, February 2, 2007
2. URA denial by MD, February 13, 2007
3. TDI assignment

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The only elements of history that could be gleaned from the brief statements and prior denials is that the patient is suffering low back pain. He has had prior surgery, which was essentially a posterior instrumentation from L3 through L5 and transverse process fusion.

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

There is no documentation or clinical information provided from any of the physicians who have treated this individual. The surgeon requesting approval for the performance of this surgery has submitted no clinical information with this appeal. As a result of insufficient clinical information,

the only conclusion that can be reached is that there is no clinical information that would justify a reversal of prior denials.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)