



REVIEWER'S REPORT

DATE OF REVIEW: 04/20/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Percutaneous disc decompression, L4/L5 and L5/S1

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., orthopedic surgeon with extensive experience in the evaluation and treatment of patients with complaints of back pain and physician with extensive experience in the retrospective and prospective review of medical records for medical necessity and documentation of appropriate indications

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)

INFORMATION PROVIDED FOR REVIEW:

1. Records from MD from July 6, 2005 through January 19, 2007.
2. Office note of MD, August 23, 2005
3. MRI from Medical Imaging, July 28, 2005
4. Office note of MD, July 6, 2005
5. Lumbar CT at Hospital, December 20, 2006
6. MD, RME January 18, 2007
7. Lumbar Discogram, RHD, December 20, 2006

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This patient suffered a lifting injury. He suffers degenerative disc disease at levels L4/L5 and L5/S1. An CT scan was performed on 12/20/06. A required medical examination on 01/18/07 documents failed right shoulder surgery. The diagnosis appears to be degenerative disc disease.

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

There is no clear evidence of a compressive neuropathy. The diagnosis appears to be degenerative disc disease, not likely to be benefited by percutaneous disc decompression.

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.)