



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 8/7/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE The services under dispute include the following: a laminotomy (hemilaminectomy) with decompression of nerve roots including a partial facet with a two day LOS.

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

The reviewer is a board certified orthopedic surgeon with greater than 15 years of experience in this field.

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)

The reviewer disagrees with the previous adverse determination regarding all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Dr., the URA, Dr. and Dr.

Back and Neck Clinic, Letter: 5/18/2007.
Mutual, Letter: 5/10/2007.
MD, Reports: 3/20, 5/18/2007.
Letter: 5/8/2007.
MD, Reports: 3/5, 4/5, 4/13/2007.
DC, Report: 10/27/2006.

Open Imaging, MRI: 11/21/2006.
NeuroEMG, EMG: 12/1/2006.
Radiology Consultants, X-Rays: 10/27/2006.
Hospital, ESI: 1/23/2007.
, Letter: 7/2/2007.
, Report: 4/11/2007. Mutual, Letter:
6/18/2007

PATIENT CLINICAL HISTORY [SUMMARY]:

This worker injured his low back. He was working as a and was welding some material weighing approximately 35 pounds which was stuck in a machine. He tried to pull the material off and felt a sudden pain in his low back. Patient failed to improve over the next 7 weeks. Primary complaint is low back pain radiating down his left leg. Pain is sharp, burning, and sometimes tingling. The back pain is constant. Patient states he can only sit for 10-15 minutes, stand for 30 minutes, and/or walk for approximately 1 hour before severe pain occurs.

Physical examination shows limited range of motion of 45 degrees flexion and painful side bending both left and right. Extension reproduces his pain. Straight leg raise is positive on the left with numbness on the medial aspect of the left calf. Patient has been treated with physical therapy and ESI.

MRI of 11/21/2006 revealed a central disc extrusion at L5-S1 extending inferiorly in the epidural space. Also noted are mild facet degenerative changes at L5-S1.

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

This male injured his low back and has failed conservative care. Patient has radicular symptoms and has positive imaging evidence of an extruded herniated disc at L5-S1. Patient fits the criteria of ACOEM for surgical intervention. ODG criteria are also met. Because of the failed conservative care, psychological evaluation, radicular symptoms, and positive imaging evidence of a lesion, the patient fits the criteria for surgical intervention per the ODG.

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

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)**