

# Clear Resolutions Inc.

An Independent Review Organization  
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## IRO REVIEWER REPORT TEMPLATE – WCN

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**DATE OF REVIEW:** OCTOBER 22, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Emergency back care on October 20, 2006

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

Board-certified in Internal Medicine

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Emergency department records, July to December 2006  
EOB's No Date

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant presented to the emergency department with worsening low back pain that started a few hours prior to presentation. He had undergone surgery 5 ½ weeks prior. Physical examination noted moderate pain distress and tenderness in the low back. The claimant was treated with IM analgesics with improvement. He was discharged home.

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

The Reviewer has reviewed the applicable guidelines and the peer-reviewed medical literature concerning emergency department care in the treatment of low back pain. The claimant had recently undergone lumbar surgery. On the date in question, he experienced an acute increase in pain. He had not been the emergency department for the previous three months. A reasonable and prudent layperson would be concerned about an acute increase in pain after having undergone surgery. It is doubtful the claimant's treating physician was available to provide care, as the

event occurred outside of normal business hours. Therefore, the claimant's symptoms fulfill the prudent layperson definition of an emergent condition, and the visit to the emergency department was reasonable. The Reviewer considered the ODG Guidelines in the determination of the case, but as discussed above, the Patient's circumstance were such that the Reviewer determined it was necessary to diverge from the Guidelines.

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**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)**