



REVIEWER'S REPORT

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Bilateral lumbar decompression at L4-L5

QUALIFICATIONS:

Medical Doctor, board certified in Orthopedic Surgery

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. TDI Referral, September 20, 2007
2. MD, office notes, July 26 to August 27, 2007
3. URA findings, August 30, 2007 to September 20, 2007.
4. Association, MRI of Lumbar spine, February 22, 2007
5. MD, Designated Doctor examination, May 16, 2007

ODG Guidelines were not presented by the carrier for this review.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This patient is a male with history of straining injury to the lumbo-sacral spine while moving barrels of oil weighing approximately 400 lbs. each. He complained of low back and leg pain. Examinations reveal no physical findings indicative of a radiculopathy. A

MRI was performed which was suggestive of degenerative disc disease. Lumbar decompression was recommended, as non operative treatments have failed to relieve symptoms. The IME indicates that no radiculopathy is present. A URA denial letter suggested second surgical opinion.

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

In this case we have inconsistent physical findings. There was no specific response to the denial letter and no second surgical opinion obtained. Consistent physical findings suggestive of radiculopathy as a result of compressive neuropathy are required to justify “decompression” and they are not present in this case. As a result, the decision to deny the surgery is upheld by the reviewer.

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., page 1007
- 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.)