



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

08/06/2008

DATE OF REVIEW: 08/06/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Posterior lumbar decompression/fusion L4/5, L5/S1, PLF, Allograft, E-Stim 63047, 63048, 33612, 22614, 22842, 20930, 20975

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

Texas State Licensed MD Board Certified Orthopaedic Surgeon

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to Medwork 07/17/2008
2. Texas Dept of Insurance notice of assignment of IRO 07/18/2008
3. Texas Dept of Insurance notice to URA of assignment of IRO 04/04/2008
4. Confirmation of Receipt of a Request for a Review by an IRO 07/18/2008
5. Company Request for IRO Sections 1-8 undated
6. Request For a Review by an IRO patient request 06/16/2008
7. Patient profile 05/12/2008
8. The reconsideration 06/13/2008
9. The non-certification 05/20/2008
10. Orthopedic Center letter 06/04/2008
11. Confidential Diagnostic Interview 05/29/2008
12. Orthopedic Center office visit 05/12/2008
13. TDI Workers' Compensation Work Status Report 05/12/2008
14. Orthopedic Center imaging report 04/18/2008
15. Orthopedic Center office visit 03/28/2008



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16. TDI Workers' Compensation Work Status Report 03/28/2008
17. Orthopedic Center office visit 03/24/2008
18. Orthopedic Surgery Center op report 03/13/2008
19. Orthopedic Center office visit 03/03/2008
20. TDI Workers' Compensation Work Status Report 03/03/2008
21. Orthopedic Center Surgery Center op report 02/27/2008
22. Orthopedic Center office visit 02/04/2008
23. TDI Workers' Compensation Work Status Report 02/04/2008
24. Solutions Designated Doctor Examination 11/28/2007
25. TDI Workers' Compensation Work Status Report 11/13/2007
26. Medical Clinic exam
27. Orthopedic Center office visit 10/22/2007
28. TDI Workers' Compensation Work Status Report 10/22/2007
29. Orthopedic Center office visit 09/24/2007
30. TDI Workers' Compensation Work Status Report 09/24/2007
31. Phy & Med Clinic note 07/06/2007, 07/29/2007, 06/27/2007
32. TDI Workers' Compensation Work Status Report 07/26/2007
33. Phy & Med Clinic note 07/23/2007, 07/13/2007, 07/12/2007, 07/10/2007
34. Diagnostic Interpretation 07/03/2007, 06/28/2007
35. Physical Capabilities Evaluation
36. The Physical Demands Analysis 06/18/2007
37. Phy & Med Clinic note 06/25/2007
38. Office note 06/19/2007
39. MRI 06/08/2007
40. Phy & Med Clinic note 06/08/2007, 06/07/2007
41. Lumbar spine five views 06/06/2007, X-ray report 06/06/2007
42. Lake Conroe Phy & Med Clinic nte 06/06/2007, 06/05/2007
43. MRI lumbar spine 02/13/2007
44. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

This is a xx-year-old male who was involved in an accident on xx/xx/xx. This was a lifting injury. The patient subsequently had low back pain. There has been documented radiation down both legs. The patient has been unsuccessfully treated nonoperatively. This has included physical therapy, epidural steroid injections, and medications. The patient has an MRI dated June 8, 2007. This documents bilateral spondylolysis at L-4 with spondylolisthesis at L-4 and L-5. There is a posterior annular tear at L5-S1 indicated by a high intensity zone on T2-weighted images. Instability has been demonstrated on flexion and extension films. There has been 7 mm of translation. The patient has had a psychological evaluation. He has been cleared for surgery.

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



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In my opinion, this man fulfills all the criteria indicated for surgery using the ODG Guidelines. In addition, this patient fulfills criteria for surgery based on medical judgment, clinical experience, and expertise in accordance with accepted medical standards. It would be unwise for this gentleman to undergo a fusion at the L4-5 level knowing that the disk at L5-S1 already has sustained an annular tear. This patient is an excellent candidate for surgery. In my opinion, this patient should undergo a posterior lumbar decompression and fusion at L4-5 and L5-S1 together with a posterior interbody lumbar fusion with allograft. In my opinion, electrical stimulation is reasonable. In my opinion, the previous adverse determination should be overturned.

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



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FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)