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**DATE OF REVIEW:** 12/08/08

**IRO CASE #:**

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

Laminectomy L3-L4, LOS 2 days

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

Board Certified in Orthopedic Surgery

**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.

Laminectomy L3-L4, LOS 2 days - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- MRI of the lumbar spine, M.D., 05/06/08
- Examination Evaluation, M.D., 06/02/08, 07/14/08, 09/29/08, 10/27/08, 11/10/08
- Electrodiagnostic Results, M.D., 07/10/08

- Adverse Determination, 10/09/08
- Notice of Case Assignment, 11/19/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient was injured on xx/xx/xx while doing repetitive lifting and bending. The symptoms went into his thigh but not past the knee. An MRI and X-rays were performed, as well as an EMG. His most recent medications include Ezetimibe, Simvastatin, Lisinopril, Metformin, Aspirin, Metoprolol, Glipizide, Omeprazole, Naprosyn, and Hydrocodone.

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

The laminectomy is neither reasonable nor necessary. The MRI findings are consistent with the patient's age, and not to any distinct occupational condition. Further, the electrodiagnostic studies are consistent with the peripheral neuropathy rather than any specific radiculopathy; while there are radiculopathic findings on the electrodiagnostic study, they are not correlated to the physical examination. The patient has nondermatomal sensory loss and no objective motor loss. Dr. has not demonstrated that the patient's symptoms are coming from L3-4; therefore the laminectomy is neither reasonable nor necessary according to the ODG criteria.

**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)**