



Medwork Independent Review

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

Original date: 02/11/2008

Amended date: 02/12/2008

DATE OF REVIEW: 02/11/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

IDET L5-S1 (22899)

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. Dept of Insurance Assignment 01/22/2008
2. Notice to URA of assignment of IRO
3. Confirmation of Receipt of a Request for a Review by an IRO 01/21/2008
4. Company Request for IRO Sections 1-8
5. Request For a Review by an IRO patient request 01/11/2008
6. letter (preauthorization determination) 01/02/2008
7. letter (preauthorization determination) 12/12/2007
8. letter (preauthorization determination) 07/05/2006
9. (Independent Review) 05/26/2006
10. Office Note 01/05/2007; email 12/28/2007, 12/27/2007 & 12/11/2007; Referral 12/11/2007; Pre auth reqst 12/21/2007; Office Note 11/30/2007; BHI2 report 11/20/2007; Office Note 09/06/2007; CMT



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& ROM 09/06/2007; ER 09/05/2007; CT Head 09/05/2007; RAD/Chest 09/05/2007; Labs 09/05/2007; Electro-Diagnostic Interp 08/24/2007; Office Note 07/19/2007; MRI Lumbar Spine 07/10/2007; Letter of Med Necess for lumbar MRI w & wo gadolinium 06/18/2007; Office Note 04/18/2007; CMT & ROM 04/18/2007; Office Note 03/02/2007; CMT & ROM 03/02/2007; Office Report 02/02/2007; OP report 12/20/2006; RAD report 12/20/2006; Office Note 11/03/2006; CMT & ROM 11/03/2006; Lumbar Discogram 10/24/2006; 10/11/2006; Office Note 09/26/2006; CMT & ROM 09/26/2006; OP report 09/13/2006; 09/05/2006; Attorney letter 08/30/2006; Report of Medical Eval 08/28/2006; Designated Doctor Eval 08/28/2006; Med Dispute Resolution 08/15/2006; Receipt of a request for Med Dispute Resolution 08/22/2006; Office Note 08/15/2006; Med Dispute Resolution 08/11/2006; OP report 08/02/2006; Attorney letter 07/13/2006; Office note 06/08/2006; 05/25/2006; CMT & ROM 05/25/2006; Office note 03/20/2006; OP report, labs, RAD report for 03/22/2006; Office note 02/27/2006, 02/13/2006; OP report 02/01/2006; Office note 01/02/2006, 12/15/2005; OP report 11/30/2005; Office note 11/22/2005, 11/18/2005; CMT & ROM 11/18/2005; MRI rt shoulder 11/09/2005; H&P 11/03/2005; MRI rt knee 10/26/2005; Fluoroscopy 10/24/2005; Office note 10/12/2005, 09/30/2005, 08/29/2005, 08/01/2005; Med Report 07/21/2005; MRI report rt shoulder 07/19/2005; rt shoulder 2 views 07/19/2005; MRI rt knee 07/19/2005; rt knee 2 views 07/19/2005; MRI lumbar spine 07/19/2005; Lumbar spine 2 views 07/19/2005; RAD report lt shoulder 1 view 07/19/2005; Med Report 07/01/2005 & 06/23/2005

11. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

The patient was involved in a slip and fall. He has subsequently been treated for injuries to his low back, shoulder, and knee. An MRI of the low back was carried out on July 10, 2007. At that time, significant signal changes were noted at L4-5 and L5-S1. Subsequently, discography has been undertaken. This was negative at the L4-5 level and positive at the L5-S1 level.

Dr. has now indicated that he would like to proceed with an IDET procedure at the L5- S1 level.

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

It is my opinion that the previous adverse determination should be overturned.

I based my decision on medical judgment, clinical experience, and expertise in accordance with accepted medical standards. I also call your attention to the last issue of the Spine Journal in which all articles regarding IDET were reviewed. In that peer reviewed, nationally accepted medical literature, it was demonstrated that there is evidence that IDET can be a value in the treatment of patients who had discogram-positive discogenic pain. There have been at least two randomized studies, one from Australia and one from California in which the efficacy of IDET has been demonstrated. In summary, therefore, it is my opinion that it would be reasonable for this patient to undergo an IDET procedure.



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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)