



## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 23 pages of records received from the URA to include but not limited to: notes from Dr., 12.3.07, 12.10.07; preauthorization appeal request; MRi Lumbar spine, 6.1.07; fax confirmation sheets

Requestor records- a total of 11 pages of records received to include but not limited to: PHMO Notice of IRO; notes from Dr. 4.12.05, 12.3.07; Preauthorization request; MRi Lumbar spine, 6.1.07; fax confirmation sheets

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient sustained a work related on the job injury on xx/xx/xx.

## **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

This patient has had no surgery that would create scarring. There was no significant neuroforamen stenosis or central canal stenosis. There was only minimal disc bulge with small central protrusion at L5-S1, plus a tiny central disc protrusion and disc bulge at L4-5 without significant neuroforamen entrapment or any canal stenosis.

Dr. had performed radiofrequency neurotomies L3 to S1 on 3/25/05 with 90 percent relief. There was a lumbar transforaminal ESI performed which allegedly gave three weeks relief. Dr. has now proposed a left L4-5 transforaminal neuroplasty. There is no validated objective nerve entrapment of the L4 or L5 nerve root on the left side to validate any neuroplasty procedure. Thus, the adverse URA denial should be upheld.

## **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES  
**Official Disability Guidelines. TWC Low Back 5<sup>th</sup> Ed. 2007**