



Amended July 1, 2008

REVIEWER'S REPORT

DATE OF REVIEW: 06/19/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Lumbar laminectomy, L4/L5, and excision of synovial cyst.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the spine-injured patient

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)

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate xx-year-old male suffered a twisting/straining injury to his lumbar spine on xx/xx/xx. He has symptoms suggestive of intermittent claudication and has been found to have abnormal circulation in both lower extremities by physical examination. There is a suggestion that a sonogram evaluating the arterial status of his lower extremities was normal. Request for lumbar laminectomy and discectomy at the level of L4/L5 has been denied on two occasions. There are conflicting physical findings. EMG/NCV studies have been reported in paraphrase as indicating acute and subacute radiculopathy. There is no documentation of non-operative treatment.

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

This patient's diagnosis still remains unclear. The potential for intermittent claudication on a vascularly compromised basis has not been fully evaluated. There is no documentation of physical therapy or medication therapy to achieve symptomatic relief without surgical intervention.

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, 2008, Low Back Chapter
- 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.)