

Notice of Independent Review Decision
Revised Report
Failed to insert table of denial information reflecting decision.

REVIEWER'S REPORT

DATE OF REVIEW: 06/04/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Initial office visit, follow up office visits, medical reports

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

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

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
?	99205	NA	Prosp.						Overturn
?	99214	NA	Prosp.						Overturn
?	99080	NA	Prosp.						Overturn

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment 05/20/08
2. Denial reconsideration, 05/05/08
3. Denial letters, 04/30/08, 04/28/08 & 04/22/08 and criteria used in the denial (ODG)
4. Precertification request, MRI scan, dated 01/31/06
5. Medical records review dated 09/22/04
6. Center clinic notes, 08/27/07 and 01/11/07
7. Incomplete summary dated 04/23/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This male suffered an injury to his lumbar spine when lifting a heavy object. He was treated extensively non-operatively with physical therapy, medications, and activity restrictions. On 11/22/03 he underwent a

laminectomy/discectomy at L5/S1 with a fusion at L5/S1. There has been some concern that pseudoarthrosis of the L5/S1 fusion site had occurred. This was not confirmed by special imaging studies. The patient has low back pain and bilateral leg pain. His pain appears chronic at this time. Initial evaluation and subsequent office visits for a pain management program has been requested for preauthorization. It has been denied on a number of occasions.

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

It would appear that this patient has moved into the chronic state of pain associated with lumbar spine pathology and post fusion status. His most recent invasive technique was a spine decompression and fusion in November 2003. It would appear that his symptoms of pain requiring evaluation and treatment have been fairly consistent from the date of injury through November 2003 and through to the present. There does not appear to be a surgical lesion present. Pain management evaluation seems appropriate, as do further evaluation and treatment follow-up visits as indicated in the initial evaluation.

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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, see ODG 2008 Pain Chapter, Chronic Pain Programs, pages 1353-1354 and page 1372.
- 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.)