

Applied Resolutions LLC

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: March 25, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Office visits, 1 every month for 5 months

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

M.D., Board Certified Orthopedic 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)

Upon independent review the reviewer finds that the request for Office Visits, 1 every month for 5 months is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters 10-8-07, 2-14-08
ODG Guidelines and Treatment Guidelines
Associate Statement, 1-22-04
Request for Medical Care, 1-22-04
Office notes, Dr. 1-22-04, 1-30-04
Work note, 1-30-04
Office note, Dr. 2-2-04, 2-16-04, 3-22-04
EMG/NCS, 2-12-04, 03/11/04, 4-23-04
MRI lumbar, 2-13-04

Office notes, Dr. 2-18-04, 2-25-04, 4-22-04
3-1-04, 3-3-04
Operative report, 3-15-04
Surveillance, 5-3-04
MRI thoracic, 5-19-04
Office notes, Dr. 6-4-04, 6-28-04, 7-19-04, 8-6-04, 9-22-04, 10-22-04, 11-24-04, 1-5-05, 3-17-05,
4-13-05, 4-27-05, 6-8-05, 6-15-05, 7-22-05, 8-19-05, 10-7-05, 10-21-05, 12-2-05, 1-11-06, 2-13-
06, 3-8-06, 3-29-06, 4-26-06, 6-1-06, 7-10-06, 7-25-06, 9-20-06, 9-29-06, 7-30-07, 8-13-07, 9-12-
07
H&P, Dr. 6-28-04
ESI, 6-28-04, 07-23-04
FCE, Dr. 7-12-04
Prescription History
XR lumbar, 7-23-04
RME, Dr. 8-6-04
Correspondence, Dr. 8-9-04
Operative report, Dr. 9-7-04
XR cervical, 9-7-04, 9-9-04
Discharge summary, 9-10-04
MRI cervical, 2-7-05
H&P, Dr. 5-11-05, 7-8-05
Note, Dr. 5-20-05
Facet injection, 9-22-05
ESI, 4-11-06
MRI lumbar, 9-26-06
Independent Review Organization Summary, 3-6-08

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained a cervical, thoracic, lumbar and right groin injury when several boxes containing bikes fell onto his back. He has a history of L5-S1 left laminectomy in 1995, as well as prior right inguinal hernia repair. Physical examination on 01/22/04 demonstrated spinal tenderness without spasm. The claimant initially treated conservatively with medications, electrical stimulation, activity modification, physical therapy and a home exercise program. He continued to complain of entire back pain, right groin pain and sacroiliac joint pain. He was placed on light duty work, which he was unable to perform due to the standing required. Lower extremity electrodiagnostic studies completed on 02/12/04 were negative for radiculopathy. Lumbar MRI evaluation performed on 02/13/04 was compared to a study from December 2000 and noted some left lateral recess effacement that was more prominent than on the prior study. He treated with chiropractic interventions. Ultrasound evaluation of the entire spine conducted on 03/01/04 and 03/03/04 noted inflammatory changes in the lumbar facets, sacral joints, sacral junction, C1 ligaments and C3-7 facets. Upper extremity electrodiagnostic studies from 03/11/04 were within normal limits. The claimant underwent right inguinal hernia repair on 03/15/04. Repeat bilateral lower extremity electrodiagnostic studies completed on 04/23/04 were suggestive of right L5 radiculopathy. Surveillance conducted on 05/06/04, 05/07/04 and 05/11/04 noted the claimant taking out the trash once.

Thoracic MRI evaluation done on 05/19/04 noted minimal spondylosis with a normal cord, canal and foramen. Cervical MRI evaluation, also done on 05/19/04 noted congenital central canal stenosis due to short pedicles, C4-5 osteochondritis, and C5-6 severe disc narrowing with left disc herniation and osteophytes causing severe deformity of the C6 nerve root. He continued to have entire spine pain with bilateral trapezial pain. The claimant underwent a C5-6 epidural steroid injection on 06/28/04. A functional capacity evaluation was completed on 07/12/04 that indicated the claimant was only

capable of sedentary work and recommended work hardening. An epidural steroid injection at L4-5 with bilateral facet blocks at L4-5 and L5-S1 were performed on 07/23/04 that provided three days of relief with recurrent symptomatology. A required medical evaluation conducted by Dr. was done on 08/06/04. There was reference to cervical, thoracic and lumbar radiographs from 08/06/05 that noted demineralization and degenerative changes and dynamic radiographs of the cervical and lumbar spine on 08/06/04 that indicated no instability. It was felt the claimant sustained a sprain/ strain on top of a pre-existing degenerative changes. The claimant underwent C4-7 anterior cervical discectomy and instrumented fusion from with removal of osteophytes on 09/07/04. Serial postoperative radiographs noted progressive healing. He continued to treat with medications for intermittent trapezial and deltoid pain with left ulnar numbness. Repeat cervical MRI on 02/07/05 noted overall improvement in the spinal stenosis and cord compression at C4-5 and C5-6 with persistent small disc protrusion at C3-4 and mild osteophytic foraminal encroachment at C5-6, C6-7 and C7-T1 without new stenosis or impingement.

On 03/17/05 the claimant reported increased low back pain with bilateral lower extremity radiculopathy, greater on the left. Physical examination demonstrated guarded restricted motion, decreased sensation along the left leg and a positive left straight leg raise. She treated with medications. On 04/13/05 cervical radiographs noted healed C4-5 and C6-7 segments with healing C5-6 endplate. Physical examination on 04/13/05 noted a decreased left ankle reflex. He attended work hardening. On 05/11/05 decreased sensation along the posterolateral left leg was noted and radiographs noted incomplete healing at C5-6. Repeat lumbar MRI evaluation was recommended for possible preoperative planning. Multiple requests for lumbar MRI evaluation were denied. The claimant continued to treat conservatively with increased complaints of pain, reflex changes, decreased sensation and intact motor function. The claimant continued to see Dr. monthly throughout 2005 and through October 2006. He underwent bilateral L4-5 and L5-S1 facet injections on 09/22/05. Radiographs on 10/07/05 noted collapse at L5-S1 and fusion from C4-7. A new lumbar MRI continued to be requested with documentation that the claimant continued to get worse. On 10/07/05 he was noted to be hyperreflexic in the bilateral lower extremities with increased numbness in the upper extremities. The claimant had a left L5-S1 transforaminal epidural steroid injection on 04/11/06. On 07/10/06 physical examination noted left extensor hallucis longus and anterior tibialis weakness. He continued to utilize medications. MRI evaluation continued to be denied. On 09/26/06 the lumbar MRI was repeated showing severe left foraminal stenosis superimposed on a diffuse disc osteophyte complex. There was no spondylolisthesis noted. The claimant returned to the care of Dr. on 07/30/07 and stated his pain never subsided since being seen on 06/26/06/ Discogram evaluation was recommended again on 07/30/07. This was again denied. The claimant has continued and progressive debilitating pain and continues to request surgery. A request has been made for ongoing office visits.

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

I do not see the medical necessity of the office visits once a month for five months.

This is a gentleman who has had ongoing pain for many years. The medical record I have for review does not document progressive neurologic deficit, progressive loss of function, or progressive worsening of his underlying anatomic findings. There appear to be some difference of opinion in the medical record as to the need for more diagnostic studies and/or treatment. The medical record does not document changing medication

use or changing clinical condition, and, therefore, I do not see the medical indication for repetitive office visits.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates; Low Back and Pain Chapters

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)