

Notice of Independent Review Decision

**DATE OF REVIEW:** 04/12/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar laminectomy and discectomy at L4/L5, L5/S1, and possibly right L3/L4 with one-day inpatient hospital stay.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Board Certified in Orthopedic Surgery

**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>
724.4	63047		Prosp.						Overturn
724.4	99234		Prosp.						Overturn
724.4	63048		Prosp.						Overturn

**INFORMATION PROVIDED FOR REVIEW:**

- Case assignment
- Letters of denial, 02/18/09 and 03/09/09, and other URA documentation including criteria used in the denial
- Treating doctor's documentation of evaluations, office visits, and request for reconsideration, 12/29/08 through 03/12/09
- History and Physical 01/07/09
- Operative report, 10/16/08, lumbar epidural steroid injection with fluoroscopy, L4/L5

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient suffered an injury to the lumbar spine resulting in severe debilitating low back pain with radicular symptoms much worse on the right than the left. The patient failed extensive conservative management including physical therapy, rest, medications, home exercise program, and lumbar epidural steroid injections. MRI scan showed bulging disc pathology at L3/L4, L4/L5, and L5/S1. Surgical decompression at these levels has been recommended by the patient's attending neurosurgeon.

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

The insurance company's denials were based on the ACOEM Guidelines. Unfortunately, they were using these guidelines as strict rules. If these guidelines are read very closely, they do allow for surgical decompression of the lumbar spine based solely on debilitating subjective radicular pain such as this patient has. The attending surgeon has documented conservative care, as well as these symptoms and neurological findings. The patient has failed adequate conservative management. According to ACOEM

Guidelines as well as ODG Guidelines, this patient fits criteria for lumbar decompression as recommended by their surgeon. In addition, a Designated Doctor Evaluation by an independent physician on 01/07/09 agreed with the neurosurgeon's recommendations for surgical management. This doctor felt the patient is not at MMI and should return to see him after neurosurgical treatment with lumbar decompression.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 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.
- 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, OKU Spine.
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)