

SENT VIA EMAIL OR FAX ON
Apr/13/2009

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/13/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Laminectomy Discectomy Left L5/S1; Inpatient Hospitalization 1 day

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 2/10/09, 3/5/09 and 11/24/08

Dr. 11/6/08 thru 2/26/09

EMG NCS 7/3/08

MRI's 5/15/08 and 4/9/08

Management IRO Summary 3/24/09

X-Ray Spine 2/24/08

Dr. 2/25/08 thru 3/10/08

Rehab 3/10/08

Dr. 4/9/08

4/14/08

Dr. 8/28/08

Dr. 10/2/08 thru 10/27/08

Peer Review 3/19/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male with a date of injury xx/xx/xx, when he was pushing several carts. He has difficulty walking on the heels and toes on the left. He complains of pain radiating to the right buttocks, as well as the left lower extremity. He has had PT. There is a positive straight-leg raising on the left. There is a reduction of the Achilles reflex on the left, as well as weakness of the left hamstring muscle. An EMG/NCV 07/03/2008 revealed a possible lumbosacral spondylosis, spinal stenosis, or subacute radiculopathy. An MRI of the lumbar spine 05/15/2008 revealed a small central disc protrusion at L5-S1 with minimal central stenosis and no neuroforaminal stenosis. There is mild facet arthropathy at L4-L5. There is an L2 endplate fracture. The provider is recommending a left L5-S1 discectomy with a one-day inpatient hospitalization.

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

Based on the submitted documentation, the surgery is not medically necessary. Although it appears that the claimant has an S1 radiculopathy on examination, the neuroimaging report does not suggest any impingement of the S1 nerve root to correlate with this. According to the Occupational and Disability Guidelines, "Low Back" chapter, imaging studies should show concordance with radicular findings. Therefore, the procedure is not medically necessary.

References/Guidelines

2009 Official Disability Guidelines, 14th edition

"Low Back" chapter

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)