

SENT VIA EMAIL OR FAX ON  
Apr/27/2009

## Applied Resolutions LLC

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/27/2009

**IRO CASE #:**

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

pre-surgical psychological evaluation (initial clinical interview and psychological testing) for lumbar (low back) surgery, as an outpatient.

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

Clinical psychologist; Member American Academy of Pain Management

**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 3/26/09 and 4/1/09

Behavioral Health 3/23/09 thru 4/1/09

xxx 3/13/09

**PATIENT CLINICAL HISTORY SUMMARY**

Records provided for review do not give any history regarding how this male was originally injured. He is currently status post a two-level posterior lumbar interbody fusion at L5-S1 and cage instrumentation at L4-5. CT myelogram done 2/25/09 revealed large extradural defect at L3-4 secondary to large disc herniation as well as vacuum disc phenomenon noted at L3-4 as well. Current impression from Dr. surgeon, is: lumbar spondylolisthesis at L3-L4; lumbar post-laminectomy syndrome; lumbar mechanical/discogenic pain syndrome at L3-4; lumbar segmental instability at L3-4; and Lumbago. Patient continues to report an 8/10 pain level and has difficulty with prolonged sitting, standing, coughing, sneezing, or Valsalva maneuver. He describes the pain in his low back as a "burning ache" with radiation mainly into the left LE. Report states that there is associated numbness and tingling in a non-dermatomal distribution. No EMG/NCV reported.

Current recommendation from the surgeon states that "Due to failure of conservative medical therapy, pain duration greater than six months, current neurologic status with evidence of

spinal instability...I do feel this patient is a surgical candidate and would benefit from an anterior lumbar interbody fusion at L3-4 lateral approach, posterior lumbar re-exploration, removal of pedicle screw instrumentation, posterolateral fusion at L3-4 and pedicle screw instrumentation at L3-4. Prior to this, the surgeon has referred patient for preop medical clearance, preop surgical screening and postoperative bracing. Prescription for presurgical screening was sent to Behavioral Health and the treatment request from Behavioral Health dated 3/23/09 states that "This request is for initial clinical interview as part of presurgical clearance process."

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

Pre-surgical screening is recommended per ODG in order to help elucidate any possible barriers to recovery after surgery, and eliminate these pre-surgically, to the maximum extent possible. Dr. the surgeon, has written a prescription for this, and therefore obviously feels that this is necessary and would help improve his surgical outcome with this physically distressed patient. As such, current request is considered medically reasonable and necessary to identify and treat the psychosocial symptoms arising from the patient's injury, related pain, and off-work status, and to prepare him psychologically for the requested surgery, should it be approved.

Psychological Screening; Pain Chapter 2009

**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)