

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 08/21/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar discectomy @ L3-4 and L4-5.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering degenerative disc disease of the lumbar spine.

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>
			<i>Prosp.</i>						<i>Upheld</i>

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial, 06/08/09 and 05/08/09
3. Designated Doctor Evaluation, 05/20/09
4. Peer Review, 04/01/09
5. Lumbar MRI scan, 03/13/08
6. Lumbar CT scan, 01/14/09
7. Orthopedic evaluations and office evaluations, 08/27/08 through 05/19/09 (six visits)

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a xx-year-old male suffering low back pain and left leg pain subsequent to an injury suffered on xx/xx/xx. The patient was lifting heavy wheelbarrows of concrete when he noticed low back pain. His symptoms have varied from low back pain with bilateral lower extremity pain and most recently consistent left leg pain. He has been treated with pain medication, muscle relaxant medication, physical therapy, epidural steroid injections, and facet joint injections. His diagnoses have varied from lumbago, lumbar strain/sprain syndrome, and degenerative disc disease at multiple levels of the lumbar spine.

A recommendation to perform L3/L4 and L4/L5 laminectomy and discectomy has been considered, denied, reconsidered, and denied. A physical evaluation on 05/19/09 suggested S1 radiculopathy on the left side including a diminished ankle jerk. One day later on 05/20/09 a Designated Doctor Evaluation did not confirm straight leg raising positive or diminished ankle jerk. Physical findings were not consistent with radiculopathy.

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

This patient has inconsistent physical findings. There is no consistent physical finding which suggests radiculopathy. He has had transient improvement based on various forms of non-operative treatment. There is no documented valsalva pain. Utilizing the criteria published in the ODG 2009 Low Back Pain Chapter, Laminectomy/Discectomy Surgery passage, the patient has not met criteria which would allow for approval of this request for preauthorization. The previous denials appear to have been appropriate and should be upheld.

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, Low Back Chapter, Laminectomy/Discectomy passage
- 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.)