

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/23/2009

**IRO CASE #:**

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

Lumbar laminectomy/microdiscectomy L4-5 with 23 hour stay

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

M.D., board certified in Orthopedic Surgery  
Spine 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determinations, 7/22/09, 7/31/09

, MD, 7/9/09

, MD, 5/20/09, 4/22/09, 3/11/09, 3/9/09, 2/11/09, 1/14/09, 10/22/08, 8/13/08

Xrays, 7/9/09

, 7/9/09

MRI Lumbar Spine, 7/3/08

Chapter 11, Microsurgical Anular reconstruction (anuloplasty) following lumbar microdiscectomy,

Chapter 15, Repair of the Anulus Fibrosus (Anuloplasty) After lumbar discectomy , et al  
Employers First Report of Injury/Illness, xx/xx/xx

Witness Reports, xx/xx/xx

, 4/30/08, 5/5/08, 5/14/08, 5/16/08, 5/12/08, 5/29/08, 6/19/08, 7/10/08, 8/7/08, 9/4/08,

10/2/08, 11/13/08, 12/11/08

Xray, 5/6/08

, MD, 7/28/08

Operative Report, 9/9/08

, MD, DDE, 9/4/08

IME, 4/23/09

, 7/10/09

ODG Guidelines

## **PATIENT CLINICAL HISTORY SUMMARY**

This is a xx-year-old injured worker with a date of injury of xx/xx/xx. The records indicate that he was hammering a ramp together when he fell and landed on his left side, hurting his back. He has had shoulder surgery on 07/20/08. He has complaints of low back pain radiating down the right lower extremity. He has straight leg raising positive on the right. He apparently has numbness along the right L5 distribution and he has weakness of the extensor hallucis longus on the right compared to the left. Motor examination was intact, and there was no evidence of myelopathy on the clinical exam. The MRI scan revealed multiple disc protrusions but a particular lesion at L4/L5 combined with severe facet arthropathy at that level and the thecal sac narrowed to 5 mm with neural foraminal encroachment. He has had an evaluation by Dr. who found similar findings. The patient has had epidural steroid injections, physical therapy, and extensive conservative care. Current request is for Lumbar laminectomy/microdiscectomy L4-5 with 23 hour stay.

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

Based upon the ODG Guidelines, this patient appears to have substantially satisfied the conservative criteria. He has radiculopathy based upon the medical records, which is compatible with the lesion found on the MRI scan. This is in conjunction with his severe AP canal stenosis and his treatment with the findings reported. The request meets the ODG criteria. It is for this reason that the previous adverse determination has been overturned. The reviewer finds that medical necessity exists for lumbar laminectomy/microdiscectomy L4-5 with 23 hour stay.

## **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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

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