

SENT VIA EMAIL OR FAX ON  
Dec/07/2009

# Applied Resolutions LLC

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Nov/30/2009

**IRO CASE #:**

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

Inpatient Laminectomy L1/2, L2/3

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

Board Certified Neurologist with 30 years experience in clinical practice

**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 10/27/09 and 11/06/09

Ortho & Spine 9/16/08 thru 9/29/09

MRI 10/8/08

Patient Eval 5/27/09

Discharge 6/15/09

Ortho & Sports 11/17/08

**PATIENT CLINICAL HISTORY SUMMARY**

On xx/xx/xx, Mr. injured his low back. He had a fusion of L4-S1 and was able to return to work. In September 2008 he noted gradual return of low back pain radiating to the back both legs and left groin. Examination on June 22, 2008 showed normal strength, sensation and reflexes in lower extremities but positive straight leg raise bilaterally. BMI was 33. Examination on September 16, 2008 showed negative straight leg raise bilaterally, and normal strength in the lower extremities except 3/5 in left iliopsoas. Examination on September 29, 2009 shows negative straight leg raise, "VOM atrophy", and decreased sensation over anterior and lateral thigh, lateral and posterior calf and plantar foot on the left. BMI was 35. EMG on November 17, 2008 showed no radiculopathy (changes in L4 to S1 paraspinal muscles could be related to prior surgery). An MRI on October 8, 2008 shows severe multi-level spondylosis and spinal stenosis. Over the course of the last year pain levels have remained 3-4/10.

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

This patient has worsening low back pain with imaging evidence of multi-level spondylosis and spinal stenosis. History and physical examination does not give enough information to correlate the patient's complaints with the imaging studies. The patient is obese and smokes. No information is given about activity level, sleep habits, nutrition or psychological state. Is he misusing narcotic medication by performing strenuous activity after narcotic use? Is he malingering? No Waddell's signs are looked for. Thus there is no objective evidence suggesting neurological deficit or that the patient's pain is due to a radiculopathy that requires surgical treatment at this time. The ODG does not recommend surgery in this clinical situation.

**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)