

SENT VIA EMAIL OR FAX ON
Dec/14/2009

Pure Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/11/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Assistant Surgeon; 1 Lumbar Laminotomy, Microdiscectomy with No Annular Repair Under 23-hour observation

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 11/5/09 and 11/16/09
IRO Decision 9/24/09
Dr. 8/3/09 and 2/12/09
Psychosocial Screening 6/17/09
BHI-2 results 6/17/09
X Ray 8/3/09 and 3/21/07
EMG/NCV 4/24/07
MRI 3/21/07
ROM testing 8/3/09
Pre-Auth Letters 8/10/09 and 8/13/09
Literature No Date

PATIENT CLINICAL HISTORY SUMMARY

On xx/xx/xx, Mr. injured his low back lifting heavy boxes. He had two previous back surgeries in 1988 and 2005. No treating records are available between April 2007 and February, 2009. Examination on February 12, 2009 showed diminished strength and reflexes in lower extremities, and diminished lumbar ROM. Examination in August, 2009 documented little treatment over two years. Straight leg raise was positive on the left and there was normal strength in the lower extremities except slight weakness of left foot everters. EMG on April 14, 2007 showed left L5 and S1 radiculopathy. An MRI on March 21, 2007 shows L5-S1 disk herniation to the left.

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

This patient has continuing low back pain with imaging and clinical evidence of L5 and S1 radiculopathy. No information is given about activity level, sleep habits or nutrition. Is he misusing narcotic medication by performing strenuous activity after narcotic use? Is he malingering? No Waddell's signs are looked for. Especially in view of two previous back surgeries, more vigorous conservative therapy including cognitive behavioral therapy is indicated in the guidelines*. The ODG does not recommend surgery in this clinical situation until all conservative measures have been exhausted.

*[Surgery for low back pain: a review of the evidence for an American Pain Society Clinical Practice Guideline.](#) Chou R, Baisden J, Carragee EJ, Resnick DK, Shaffer WO, Loeser JD. Spine. 2009 May 1;34(10):1094-109.

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)