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Notice of Independent Review Decision

DATE OF REVIEW: **1/23/09**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Surgery, Posterior decompression L4-5, LSO brace

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Board certified in Neurological Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)
Overturned (Disagree)
Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Denial and associated review letters 12/31/08, 12/15/08
Preauthorization request 12/9/08
Notes 9/24/08,12/3/08, Dr.
12/1/08 EMG report
DDE report 10/24/08, Dr.
ESI op report 10/24/08
Lumbar MRI report 7/29/08
ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a xx-year-old male who in xx/xx was moving 80 pound batteries and developed low back pain. This was soon joined by a burning discomfort in both feet. Rest along with Medrol Dose packs was helpful to the point that the patient was able to return to work in about two weeks. Pain soon returned, the patient has been out of work since 7/9/08 because of his back and lower extremity discomfort. A lumbar MRI on

7/29/08 showed multilevel degenerative disk disease change, with the primary stenosis change at L4-5. Physical therapy and ESI's on 10/24/08 have not been successful.

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

I agree with the denial of the requested operative procedure, and bracing. There is nothing on the patient's MRI except multilevel pathology with the L4-5 level only questionably showing evidence of being the source of discomfort. Electrodiagnostic testing has shown peripheral neuropathy without any evidence of radiculopathy. Burning sensation in the patient's feet, along with hypersensitivity of his right foot, is not something usually associated with radiculopathy, which would be the reason for the proposed operative procedure. The potential is so great of other pathology being the source of discomfort, especially the foot burning, that the proposed operative procedure has a much greater chance of being unsuccessful than is usually the case. More testing may be helpful in coming to diagnostic conclusions.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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**
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- X **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)**