



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 07/01/09

**IRO CASE NO.:**

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

Item in dispute: Lumbar laminectomy, microdiscectomy, and annular patch.

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

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

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

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. , M.D., 10/28/08
2. MRI and Diagnostic, 11/20/08
3. , M.D. 01/14/09
4. Demonstrated Abilities Evaluation, 02/04/09
5. , M.D., 03/11/09
6. , M.D., 05/18/09
7. , M.D., 05/19/09
8. Therapy and Diagnostic, 05/19/09
9. Services, 06/05/09 & 06/08/09
10. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee was injured while performing her usual job on xx/xx/xx. She was employed as a in the and stumbled over a box.

The employee was treated for cervical lumbar pain. Examination by Dr. on xx/xx/xx reported symmetrical reflexes, strength, and sensation of the bilateral upper and lower extremities. Straight leg raising was positive on the right and negative on the left. The employee could toe and heel walk. The doctor recommended medications and physical therapy. She was taken off work for two weeks.

An MRI of the lumbar spine was performed at MRI & Diagnostic on 11/20/08 and reported central canal stenosis at L2-L3 through L5-S1 with varying amounts of neural foraminal stenosis. There were broad-based disc bulges at L4-L5 along with ligamentum flavum hypertrophy.

The employee completed a "Demonstration Abilities Evaluation" at on 02/04/09, which was dictated as completely invalid because there was no credible effort given.

Dr. performed an examination on 03/11/09 and again found a normal neurological examination. There was no atrophy in the thigh or calf bilaterally. Dr. suspected functional overlay. The employee had negative straight leg raising.

Dr. performed a Designated Doctor Evaluation on 05/06/09 and found this employee to be at Maximum Medical Improvement (MMI) on that date with a 0% impairment. The employee was returned to light duty at work on that date.

Dr. , an orthopedic surgeon, examined the employee on 05/19/09 and found a rather different physical examination. Dr. reported 9/10 lumbar pain radiating down both legs. The employee had buttocks numbness with positive straight leg raising on the right. Sensation was diminished along two dermatomes on the right. The employee had weakness of the extensor hallucis longus and toe flexors on the right with an absent Achilles' reflexes bilaterally. Dr. suggested that the employee had an extruded disc at L4-L5 that required surgery.

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

This employee has no indications for surgery. She was found to be neurologically intact with an age consistent MRI. There are no focal deficits, and there are no acute traumatic effects found on the MRI. The employee had no indications for surgery whatsoever.

#### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

##### **1. Official Disability Guidelines**