



IMED, INC.

1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 07/27/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Work Conditioning – 20 Sessions

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

Texas Board Certified in Pain Management and Rehab Med.

REVIEW OUTCOME

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

Denial Upheld

PATIENT CLINICAL HISTORY (SUMMARY):

According to the medical records provided, this is a xx year old who sustained an on-the-job injury on xx/xx/xx. He apparently had injury to his low back including a possible L5-S1 disc herniation.

On 09/30/08, M.D., a neurosurgeon evaluated the claimant. The past medical history was noted. Previous disc herniation was noted. The physical examination of that date revealed the general medical examination to be normal. Weakness of the extensor hallucis longus 3-4/5 on the right was noted, also numbness to L5-S1 on the right. Almost absent was the ankle jerk on the right. The impression was L5-S1 right paracentral disc herniation and neuropathy. It was noted that it was recommended to the employee that even if he had surgery, he would have some residual neuropathy because of the long-standing nature of his problem. Possible surgical intervention was recommended. A prescription for Gabapentin was given to reduce his dependence on narcotic medications. The plan was to try to obtain approval for surgery.

Follow-up occurred on 10/16/08 with Dr.. Flexion/extension lumbar x-rays were review. Dr. was in disagreement with the radiologist and noted that there was approximately 5-6 mm of retrolisthesis at L5-S1. Despite this finding, it did not appear to be mobile with flexion and extension.

Follow-up occurred on 12/18/08. It was noted that flexion/extension x-rays were reviewed noting the previous anterolisthesis. The plan continued to try to obtain approval for lumbar fusion surgery. Dr. was recommending the use of the Eclipse device. This is a device that has been approved in the U.S. by the FDA.

On 01/09/09, the employee was admitted to Health System for surgical intervention. This included a bilateral hemilaminectomy, discectomy and Eclipse fusion at L5-S1. There were no major perioperative complications noted.

Follow-up occurred with Group of after the surgery. At that point, the employee had improved; however was still symptomatic with pain. The plan was to return to the clinic in one month and follow-up with Dr..

Follow-up occurred on 03/30/09. There was noted improvement in lumbar flexion/extension. The plan was to continue physical therapy and conditioning.

Dr. postoperative office visits began on 01/26/09. At that time, the Eclipse device looked like it was well-positioned. The employee still had some subjective numbness in the right leg and ankle jerk. The calf was still a little bigger. Mild psoriasis was noted. The employee was doing well at that time. The plan was to begin a walking and stair-climbing program.

Follow-up occurred on 03/23/09 with Dr.. It was noted the employee was doing well at that time. He was continuing his present treatment. He was to begin aquatic therapy and follow-up in six weeks.

On 04/27/09, follow-up occurred with Dr.. The employee was doing well. Physical therapy was continuing and he was improving. He said he had occasional cramping in the hamstring and calf on the right side, but otherwise was doing well. Range of motion was fantastic. There was still eight or nine more treatments left in his therapy. The plan was to continue his therapy and return to work after this is completed.

There was a note from Orthopedic Group on 05/20/09. This was a Functional Capacity Evaluation (FCE). The current physical demand requirements of his job included medium/heavy. He tested at a heavy physical demand level on that date.

Job analysis was noted.

Follow-up rehabilitation note dated 07/02/09. Based on the evaluation, a work conditioning program was recommended; however, this would be submitted for IRO review prior to approval.

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

IRO determination status-post lumbar fusion surgery with the Eclipse devise. Request was made for work conditioning with previous determination of denial. Determination: Based on the most recent functional capacity evaluation, noting that this claimant is functioning at or above his current physical demand level category, the denial of work conditioning is upheld.

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

1. **Official Disability Guidelines**, Low Back Chapter, Online version