

SENT VIA EMAIL OR FAX ON
Aug/04/2009

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/28/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

360 degree mini fusion, lumbar with 2 day inpatient LOS

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 6/25/09 and 7/14/09 Individual Psychotherapy 2/4/09 CoPE 1/7/08 Texas Back Institute 7/16/07 thru 7/13/09

MRI 9/9/08

PATIENT CLINICAL HISTORY SUMMARY

In xx/xxxx, Mr. apparently injured his back when trusses fell on his back. MRI on 9/10/08 showed a disk protrusion at L5-S1 toward the left and contacting the left nerve root. Initial evaluation on 7/16/07 by Dr. showed some initial improvement since the injury to the point he could try light work but there was limited availability of light work. He was a daily drinker as well as a smoker. Exam showed a weight of 137 pounds, normal strength in lower extremities; normal gait and positive straight leg raise. Over time his weight dropped to 124; he survived meningitis, he is said to have stopped drinking but not smoking, and he has become depressed. Exam on 7/13/09 states sensory loss in S1 root distribution and weakness of plantar flexion on the left. Atrophy of both lower extremities was noted on

4/14/09. In January 2008 he denied continued use of alcohol. He was sleeping poorly because of pain.

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 no objective evidence for nerve root compression. It is likely his condition has deteriorated due to poor nutrition related to alcoholism, meningitis, gastritis, and depression. No laboratory testing was available for review evaluating his medical problems. His muscle is deteriorated from disuse during the meningitis, poor nutrition and alcoholism. Is his tossing and turning at night a mechanism of continuing pain? There are additional tests that could also yield additional information concerning the presence of neuropathy, myopathy or radiculopathy. These issues need to be addressed prior to any consideration of surgery. The outcome of intensive rehabilitation with cognitive-behavioral therapy is equal to the result of surgery in terms of either pain or function.* The ODG does not recommend surgery in this clinical setting.

*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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)