SENT VIA EMAIL OR FAX ON
Jun/17/2009

IRO Express Inc.

An Independent Review Organization
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DATE OF REVIEW:
Jun/11/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Inpatient Lumbar Fusion L3/4 TLIF

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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 4/16/09 and 5/15/09
FOL 6/1/09
Neurosurgical Assoc. 11/21/05 thru 5/11/09
MRI's 5/5/09, 10/14/08, 3/7/08
OP Report 3/2/06
Health System 2/8/06 thru 5/16/06

PATIENT CLINICAL HISTORY SUMMARY
In xx-xxxx, Ms. injured her back lifting. Details of the injury are not available. Medical records are available to review from November 2005. She is noted to suffer from diabetes and hypertension.. She underwent a lumbar laminectomy and fusion in February 2006 after she was demonstrated to have L4-5 radiculopathy by neurological exam and EMG corroborated the MRI findings. Surgery was complicated by post op wound infection. She apparently has had some residual back pain that has worsened. . An MRI on May 5, 2009 revealed moderate spinal stenosis at L3-4. An MRI on October 14, 2008 revealed mild spinal stenosis at L3-4. In February 2008, she is said to have lower extremity claudication symptoms and right lower extremity weakness. Exam showed trace right quadriceps weakness and an absent right knee jerk.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
It is difficult to reach a conclusion in this case as to the cause of the patient's complaints. No recent comprehensive history and physical examination is present. Does this patient have

peripheral vascular disease? She certainly is a candidate considering her history of smoking, diabetes and hypertension. Have the two recent MRI studies been reviewed to see if there is indeed progressive spinal stenosis? Is she a surgical candidate in any case considering the risk of infection? What is her nutritional and psychological status? Has there been any change in her activity level in the last 2 years? Although long-term results of surgery for spinal stenosis slightly favor surgical treatment* (assuming spinal stenosis is the cause of the patients complaints) it is not clear if this is true in a case such as this. After a careful review of all medical records, a clear diagnosis can't be found and therefore, the request is not medically necessary at this time.

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

[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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)