

SENT VIA EMAIL OR FAX ON
Jun/08/2009

Applied Assessments LLC

An Independent Review Organization

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DATE OF REVIEW:

Jun/01/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilat Lumbar Laminectomy L4-5 and RT partial lumbar hermilaminectomy L5-S1

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

PATIENT CLINICAL HISTORY SUMMARY

On xx-xx-xx, Ms. hurt her back, left leg and left wrist after being hit by a machine that rolled over her left foot causing her to fall initially into a chair and then to the floor. Although imaging studies are available from 2006 and 2007, physical examinations are available to review from August 21, 2008. She apparently returned to work in two weeks until March 2007. She apparently became pregnant in January, 2007 (assuming a full term pregnancy with delivery in September, 2007 and having a 10 month old in July, 2008). Detailed exams do not show significant or consistent neurological deficit. An MRI on January 23, 2007 revealed disk bulging at L4-5 and L5-S1. This is confirmed on a repeat MRI on August 11, 2008. Low back pain continues. A psychologist has "cleared her for surgery".

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

This patient has continuing low back pain with no objective evidence for nerve root compression. The ODG suggests EMG in cases where the diagnosis of radiculopathy is not clear cut. It is not clear what are exacerbating and relieving factors of her pain. It is not clear what affect her pregnancy and the post partum period has had on her back pain. Did it affect

her sleep and diet? Is she anemic? Does she have the responsibility for child care and what affect does this have on back pain. The ODG does not recommend surgery in this clinical setting.

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)