

SENT VIA EMAIL OR FAX ON
Jun/04/2009

P-IRO Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (866) 328-3894
Email: resolutions.manager@p-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

Amended June 6/11/2009
Date of Notice of Decision: Jun/04/2009

DATE OF REVIEW:
Jun/01/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar Myelogram/w CT scan

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 4/9/09 and 5/6/09
Dr. 4/2/09 thru 4/20/09
Dr. 9/2/09
Dr 9/15/08 thru 3/19/09
Radiology Assoc. 9/15/08
MRI 11/17/08
Spine 1/14/09

PATIENT CLINICAL HISTORY SUMMARY

On xx/xx/xx, Mr. hurt his back after direct trauma from a trailer hitch. Medical records are available to review from September 2, 2008. Detailed exams by several examiners do not show neurological deficit. Progressive improvement in straight leg raising is noted. Essentially full ROM of the lumbar spine is documented. An MRI on November 17, 2008 revealed no

abnormality except a disk bulge at L3-4. Low back pain continues. A new exam on April 2, 2009 is in conflict with the exam on January 14, 2009. It shows positive straight leg raise of 45 degrees and a diminished right ankle jerk, but no motor or sensory loss. Lumbar range of motion not performed. The January exam showed negative SLR and symmetric ankle jerks.

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. He has apparently returned to light activities. It is not clear whether psychological factors are present. Hypersensitivity to light palpation suggests a positive Waddell's sign. The slight disk bulge at L3-4 does not correlate with sciatica. The ODG does not recommend surgery in this clinical setting. It does recommend EMG if radiculopathy is suspected.

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)