

SENT VIA EMAIL OR FAX ON  
Jun/17/2009

## Applied Assessments LLC

An Independent Review Organization

1124 N Fielder Rd, #179

Arlington, TX 76012

Phone: (512) 772-1863

Fax: (512) 857-1245

Email: [manager@applied-assessments.com](mailto:manager@applied-assessments.com)

**DATE OF REVIEW:**

Jun/17/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

3 Follow-up Neurosurgical Office Visits between 5/14/09 and 12/18/09

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

**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 5/11/09 and 5/21/09

Dr. 10/22/08 thru 5/13/09

OP Report 3/27/09

X-Ray 3/2/09

5/11/09 and 5/19/09

Dr. 4/10/07

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female with a date of injury xx-xx-xx. She is status post L5-S1 PLIF in 1997. She is status post facet rhizotomies and has had greater than 50% improvement in her pain. She hardly has to take pain pills. Presently, she is on nabumetone, tramadol, and robaxin. Her examination reveals positive facet signs. She had excellent results with chemical rhizotomy on 07/01/2008, and it was repeated on 03/27/2009, with excellent improvement.

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

The three follow-up neurosurgical office visits are medically necessary. This claimant has a chronic back condition and needs medications on a routine basis. Also, she appears to benefit from periodic facet rhizotomies, for her facet mediated pain. A spine expert, and not a primary care physician, particularly with the ongoing facet issues, would best be able to

manage this condition, both in diagnosis and treatment. Therefore, the office visits are medically necessary.

References/Guidelines

2009 Official Disability Guidelines, 14th edition

**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)