


INDEPENDENT REVIEW INCORPORATED

DATE OF REVIEW: 05/10/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar laminectomy with fusion and instrumentation.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:
Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
			<i>Prosp.</i>				<i>xx-xx-xx</i>		<i>Overturn</i>

INFORMATION PROVIDED FOR REVIEW:

- Case assignment
- Letters of denial, 03/24/09, 04/13/09
- Evaluation and correspondence, operative reports, radiology reports, followup with neurosurgeon and pain management specialist, 04/15/05 through 04/02/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient has a long history of low back pain with bilateral radiculopathy. He has failed extensive conservative measures. MRI scan as well as discography has confirmed disc dysfunction at L4/L5 and L5/S1 with radicular-type symptoms. The patient has had multiple and extensive conservative treatment including epidural steroid injections.

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

Based on the medical records provided to me, this patient has a work-related low back injury. Lumbar discography confirms concordant disc pathology at L4/L5 and L5/S1. Physical examination confirms radicular-type symptoms. The patient has failed extensive conservative care and is a candidate for lumbar decompression and fusion. The request is medically reasonable and necessary.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:


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(Check any of the following that were used in the course of your review.)

- ACOEM-American 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 judgment, 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 reviewed national accepted medical literature (provide a description).
 - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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