



REVIEWER'S REPORT

DATE OF REVIEW: 05/31/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Lumbar surgery, decompression lumbar laminectomy and fusion, L3 through S1, SSEP/EMG/bone putty, one day length of stay.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spinal conditions

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. ZRC forms
2. TDI referral forms
3. Letter from attorneys, dated 05/13/09
4. Denial letter, 05/01/09, 04/15/09
5. Clinical record, M.D., 03/04/09
6. EMG/nerve conduction study, 06/18/08, 04/14/08
7. MRI scan of the lumbar spine, 12/13/05, 08/17/06
8. CT scan of lumbosacral spine, 05/10/06
9. Lumbar myelogram, 05/10/06
10. ENM exam, Pain Clinic, 01/10/08, 12/13/07
11. Trigger point injection record, 12/13/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who suffered an on-the-job lumbar spine injury on xx/xx/xx. The mechanism of injury is not documented. He has had numerous evaluations reported in the medical record, though no medical records are specifically provided for review. He has had several special imaging studies, which essentially revealed degenerative disc disease with disc bulging. An EMG/nerve conduction study suggested radiculopathy. Physical findings are limited, and no specific physical findings suggestive of nerve root compressive compromise have been documented.

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

The medical records submitted for justification of this surgical procedure do not establish the medical necessity for an extensive lumbar laminectomy decompression with fusion from L3 through S1. There is no documented instability. The documentation of compressive nerve root compromise is limited, and there is little or no documentation of specific treatment regimen. The medical documentation submitted does not satisfy the requirements for a finding of medical justification. The previous denials were appropriate and should be upheld.

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

(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.)