

SENT VIA EMAIL OR FAX ON  
May/19/2009

## IRO Express Inc.

An Independent Review Organization

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**DATE OF REVIEW:**

May/14/2009

**IRO CASE #:**

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

Lumbar, right L5/S1 laminectomy and discectomy, microsurgical technique with a 1-2 day inpatient stay

**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 2/26/09 and 3/25/09

2/26/09

PBI 3/24/09

Dr. 9/2/07 thru 3/3/09

MRI 10/11/06

Dr. 11/7/06

DDE 7/25/08 and 3/30/07

**PATIENT CLINICAL HISTORY SUMMARY**

On xx-xx-xx, Mr. hurt his back. He had suffered a previous back injury and missed about a year of work. No medical records are available to review until November 2006. An EMG and detailed neurological exam performed at that time was normal. Exam in March 2007 showed midline low back tenderness without paraspinous muscle spasm, negative straight leg raise, normal strength and reflexes, but decreased pin sensation in the lateral thigh, calf and foot bilaterally. Later exams are marked by inconsistency. One exam shows 4/5 strength in right leg, others show decreased sensation in an S1 distribution on the right. Straight leg raise becomes positive over time. MRI of lumbar spine shows a minor disk bulge at L5-S1 but no root compression. Complaints of pain are constant. He initially was placed on light duty but stopped work after a few months.

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

This patient has chronic low back pain for approximately 30 months with no objective evidence for nerve root compression. The early exam showing sensory loss in the lateral thigh calf and foot is not physiologic. The S1 root supplies the posterior thigh; the lateral thigh is supplied by L4 and L5. No information is supplied about the patient's activities during the time post injury. Is he exercising to maintain muscle tone or is he resting? What about sleep patterns? What about nutritional status? What is his mental state? Is he malingering? Are Waddell's signs present? There is not enough information to determine the proper course of therapy. 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)