

SENT VIA EMAIL OR FAX ON
Nov/20/2009

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/20/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Myelogram and Post CT Scan with 23 hours observation

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 8/20/09 and 10/11/09

Dr. 8/10/09 thru 9/18/09

CT Lumbar Spine 6/1/09

PATIENT CLINICAL HISTORY SUMMARY

On xx/xx/xx, Ms. injured her lower back and is experiencing low back pain radiating down the right leg. No treating notes are available until August 10, 2009 other than imaging studies. CT on 6/1/09 shows disk bulge, facet hypertrophy causing moderately severe spinal stenosis at L4-5. MRI does not comment about spinal stenosis. Examination shows stiffness and tenderness of the lumbar spine and sciatic notch, positive straight leg raise at 60 degrees, normal reflexes and motor strength and sensation "little decreased at L5 and 1". She walks with a limp and has trouble heel walking.

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

This patient has lumbar pain, a disk bulge at L4-5 with moderately severe spinal stenosis at this level. No definitive neurological deficit is noted; pseudo-claudication is mentioned either in the history or examination. At this point there are other options available that might better define the lumbar pathology. Little information is supplied about the patient's activities during the time post injury. Is she tossing and turning at night as a mechanism of continuing pain? Is she misusing narcotic medication by performing strenuous activity after narcotic use? Is there a weight problem? Surgery should not be performed unless the pain correlates with a surgical lesion and neurological deficit. Myelography will not make the case for surgery. The ODG does not recommend myelography 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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)