

SENT VIA EMAIL OR FAX ON
Nov/17/2009

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/13/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar laminectomy discectomy foraminotomy and partial facetectomy at L5/S1; 1 day inpatient stay; assistant surgeon

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 9/25/09 and 10/16/09

MRI 3/2/09

Dr. 5/19/09

OP Report 7/22/09

8/28/09

PT Notes 2/26/09 thru 3/20/09

PATIENT CLINICAL HISTORY SUMMARY

On xx/xx/xx, Mr. injured his low back. He previously injured his back in xxxx, recovered and was able to return to work. He also has a history of stroke and hypertension. Examination on May 19, 2009 showed positive straight leg raise on the right, weakness of right gastrocnemius muscle, decreased sensation in right L5 and S1 distributions and decreased right ankle jerk. An MRI is said to show a protruding disk at L4-5 and osteophyte formation in the right lateral recess. Multi-level disk bulges and osteophyte formation are present. Retrolithesis of L1 on L2 and L2 on L3 is also present.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

This patient has continuing low back pain with imaging evidence of a bulging disk at L5-S1. History and physical examination does correlate the patient's complaints with the imaging studies. However, this case is more complicated by multi-level degenerative disk disease and retrolithesis. In addition there is a history of stroke. Conservative treatment must be exhausted ,with emphasis on weight reduction (5' 5", 220lbs), nutrition, sleep hygiene, and exercise. The ODG does not recommend surgery in this clinical situation as conservative therapy has not been exhausted. In addition, he is a poor surgical risk and in view of his extensive degenerative disease is likely to have a poor result.

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)