

SENT VIA EMAIL OR FAX ON
Oct/25/2009

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/20/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L5/S1 TLIF Surgery with 3 day length of stay and brace

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 8/27/09 and 9/10/09

Dr. 6/27/09 thru 9/1/09

MRI 3/16/09

Spine 8/17/09

7/14/09

PATIENT CLINICAL HISTORY SUMMARY

On xx/xx/xx, Mr. was injured and complained of low back pain after a heavy lift. He returned to work full time in spite of continuing low back pain radiating down the LEFT leg.

Examination in June, 2009 showed moderate obesity, normal motor strength, decreased sensation in RIGHT lateral thigh and foot and tenderness over the LEFT SI joint. An MRI on 7/14/09 showed a central disk protrusion at L5-S1 abutting the RIGHT S1 nerve root.

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 disk protrusion abutting the right S1 nerve root. He continues to work in spite of his pain. History, physical examination and imaging suggest right-sided radiculopathy; but the patient's pain goes down

the left leg associated with tenderness over the left SI joint. This suggests that pain is produced by SI sprain. In spite of his current sleep meds he is tossing and turning at night at times and is awakened from sleep by his pain. His condition may be aggravated by misusing narcotic medication by performing strenuous activity after narcotic use. If the purpose of surgery is to relieve back pain, treatment for SI sprain should be attempted first. There is no evidence of left sided lumbar radiculopathy and not evidence for spinal instability. Therefore, the request is not medically necessary.

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)