



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

09/29/2009

DATE OF REVIEW: 09/29/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

TLIF L3-4, L4-5, PSF L3-5 & spinal monitoring

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas State Licensed MD Board Certified Orthopaedic Surgeon

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to Medwork 09/09/2009
2. Notice of assignment to URA 09/09/2009
3. Confirmation of Receipt of a Request for a Review by an IRO 09/09/2009
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 09/03/2009
6. determination letter 09/02/2009, 08/04/2009, 02/03/2009
7. peer review report 08/30/2009
8. Preauthorization request 08/28/2009, reconsideration request 08/27/2009
9. peer review report 08/03/2009
10. Preauthorization request 07/31/2009, pre-surgical psychological eval 07/25/2009, medical note 07/06/2009, report 06/04/2009, medical note 03/12/2009, EMG & NCV report 03/12/2009, radiology report 02/11/2009, imaging report 01/21/2009
11. Radiology report 08/28/2008, imaging report 08/25/2008, medical note 01/16/2009, EMG & NCV report 01/16/2008
12. Medical note 12/13/2007, radiology report 05/23/2007
13. Progress notes 2008-2009
14. ODG guidelines were not provided by the URA



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PATIENT CLINICAL HISTORY:

This claimant was involved in a motor vehicle accident in xxxx. He has subsequently had both neck and low back complaints. He has had multiple surgical procedures on the cervical spine. The low back has been treated with an epidural steroid injection without significant improvement. Facet blocks have been carried out. An EMG showed bilateral L5 radiculopathy. The MRI scan shows the L5-S1 level there is no evidence of any disk bulge or protrusion. At the L4-L5 level there is "minimal bulging of the disk-annulus complex." There is no evidence of any nerve root compression. At the L3-L4 level there is a "4-mm left lateral intraforaminal soft-tissue disk protrusion/extrusion." There is no evidence of any instability. There has been no evidence of any spondylolisthesis, retrolisthesis, or instability on dynamic flexion/extension films.

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

Per the documentation reviewed, the claimant's condition does not fulfill Official Disability Guidelines' criteria for the requested procedure. The proposal for surgery is not based on any firm diagnostic test or any distinct neurologic compromise or deficit. The previous adverse determination is upheld.

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

- 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 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)