

SENT VIA EMAIL OR FAX ON
Sep/08/2009

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/02/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

NCV BIL LE

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

Board Certified Neurologist

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 7/24/09 and 8/06/09

Dr. 7/28/09 and 5/14/02

MRI 5/20/09

Lumbar Spine 3/11/09

Healthcare 8/23/02

CT Lumbar Spine 7/30/08 and 3/13/06

Clinic 10/15/08 thru 6/17/09

PATIENT CLINICAL HISTORY SUMMARY

On xx/xx/xx, Mr. hurt his back at work. He had previous back surgery and in August 2002 had a second surgery for a pseudoarthrosis of L4-L5-S1. Ligament and extensive facet hypertrophy was noted at surgery. Essentially no post op notes are present until October 2008 when complaints of low back pain radiating into both legs are noted. An MRI on 5/20/09 shows no spinal stenosis, disk protrusion or herniation. Examination on 7/28/09 reveals normal strength, reflexes and sensation. The patient refuses additional surgery.

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 objective evidence of facet arthritis and no evidence of disk protrusion or spinal stenosis. No information is supplied about the patient's activities during the time post injury and the following questions are important regarding this patient's condition. Is he exercising to maintain muscle tone or is he resting? Is there any evidence of malingering or depression? Is he tossing and turning at night as a mechanism of continuing pain? Is he misusing narcotic medication by performing strenuous activity after narcotic use? The weight loss program has already shown some benefit. Why perform an **NCV**? If it does show changes of radiculopathy how will this change the treatment? The ODG does recommend **NCV** as an aid to diagnosing radiculopathy but it will not benefit this patient.

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)