

SENT VIA EMAIL OR FAX ON  
Aug/09/2010

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/05/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar Decompression and Discectomy

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

Board Certified Orthopedic 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

MRI Lumbar spine, 01/05/10

Office notes, Dr., 05/24/10, 07/19/10

Peer Review, 06/03/10, 06/22/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who sustained a work related injury to her low back on xx/xx/xx. Neither the mechanism of injury nor the initial diagnosis was provided. The claimant complained of low back and left leg pain. The claimant saw Dr. on 05/24/10 and on examination her motor strength was 5/5 in her lower extremities. Tension signs were positive on the left with reproduction of back pain and positive on the right with back pain and right leg pain. An MRI of her lumbar spine on 01/05/10 revealed a 2-millimeter central protrusion at L4-5 mildly indenting the thecal sac. An annular fissure was seen in the protrusion. There was a 2 millimeter bulge and a 4 millimeter right paracentral protrusion present at L5-S1. The protrusion narrowed the right subarticular recess containing the right S1 nerve root. The bulge at L5-S1, disk narrowing and left facet joint hypertrophy caused mild stenosis of the left L5-S1 foramen. The claimant had failed all conservative measures including hydrocodone, muscle relaxants, anti-inflammatories, physical therapy and a lumbar epidural steroid injection. Dr. recommended a lumbar decompression and discectomy at L4-5 and L5-S1. This was denied by two peer reviews. When the claimant saw Dr. on 07/19/10, she complained that her left leg was getting weaker and that she still had significant low back and left leg pain. Examination revealed her left side had weakness graded as 4/5 in the left anterior tibialis and left extensor hallucis longus. Tension signs on the left were positive for back and left leg pain. Dr. has once again recommended surgery.

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

On review of this case, it appears that the MRI report is that of simple bulging. There does not appear to be a true extrusion of disc material. The limited available records do not reveal any consistent strength deficits, sensation deficits, or reflex deficits.

If one turns to the ODG Guidelines, there are certainly some subjective manifestations of potential radiculopathy, but there is no confirmation by way of physical findings, which can include, motor sensory and reflex deficits and no confirmation by electrodiagnostic testing. There is no clear-cut disc extrusion on the only imaging study report available. The guidelines would not be satisfied for the requested intervention on that basis.

**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 KNOWLEDGBASE

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)