

SENT VIA EMAIL OR FAX ON  
Dec/14/2010

# Applied Resolutions LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Dec/13/2010

**IRO CASE #:**

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

L5/S1 TLIF w/Bilateral Discectomy, L4/S1 Laminectomy

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

**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 9/17/10 and 10/27/10

Case Summary 7/21/10

OP Report 6/20/10

Letter from Patient No Date

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male with a date of injury xx/xx/xx, when he lost his footing on a pole. He underwent an L5-S1 microdiscectomy on 04/01/2008. He underwent postoperative PT and returned to light duty on 04/28/2008. He complained of recurrent left leg pain. His examination, according to the discharge summary of 06/20/2010, revealed decreased sensation in the left leg and 1/5 hip flexor strength on the left and 0/5 distal to the hip flexors. He was hyperreflexic in the left lower extremity. A repeat MRI reportedly showed a recurrent left L5-S1 disc herniation with stenosis and stenosis extending into the L4-L5 disc space (report not submitted for review). On 06/18/2010 he underwent an L4-S1 laminectomy and left L5-S1 interbody fusion.

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

Based on the submitted documentation, the surgery is not medically necessary. Firstly, no

imaging study is submitted for review. The examination provided is not consistent with pathology at L4-L5 and L5-S1. It is unclear if the claimant underwent any conservative measures for his pain. Also, it is not clear why a fusion, as opposed to decompression, was performed at L5-S1. For all these reasons, then, the L5-S1 TLIF with bilateral discectomy, L4-S1 laminectomy is not medically necessary.

### **References/Guidelines**

2010 *Official Disability Guidelines*, 15th edition

#### **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)