

SENT VIA EMAIL OR FAX ON  
Feb/05/2010

## Independent Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Feb/03/2010

**IRO CASE #:**

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

L5/S1 Intrumentation Fusion and Revision

**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 11/20/09 and 12/4/09

Dr. 8/14/09 thru 12/18/09

CT Lumbar Spine 11/6/09

MRI 11/12/09, 5/20/09, 1/27/09

Dr. 12/10/09, 11/19/09

Radiology Reports 11/16/09

OP Reports 11/2/09 and 3/31/09

Office Visits 10/18/09 thru 11/18/09

Bilateral Lower Extremities 11/7/09

DTI 8/31/09

Dr. 5/20/09

Lumbar Myeogram 3/11/09

Dr. 3/4/09

#### **PATIENT CLINICAL HISTORY SUMMARY**

On xx/xx/xx Mr. injured his low back after a heavy lift. Examination on March 4, 2009 suggests obesity, no weakness but decreased sensation in L5/S1 distribution, and positive straight leg raise. MRI showed severe foraminal stenosis at L5-S1. On 3/31/09 laminectomy and foraminotomy at L5-S1 was performed with no relief of pain. MRI on 5/20/09 shows severe foraminal stenosis no longer present. Exam on 8/14/09 shows non-physiologic exam and symptom magnification. EMG on 8/31 showed changes only in paraspinous muscles, consistent with previous surgery. Another unsuccessful surgery was performed on 11/2/09. Examination on 12/18 continues to show functional overlay and possible issues of secondary gain. Imaging studies show post-op changes.

#### **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 an improved neurological exam post-operatively. Why does his pain continue? Is a psychiatric overlay present? No information is given about activity level, sleep habits, or nutrition. Is he misusing narcotic medication by performing strenuous activity after narcotic use? The ODG does not recommend surgery in this clinical situation.

#### **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)