

SENT VIA EMAIL OR FAX ON
Feb/03/2010

True Decisions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (214) 717-4260
Fax: (214) 594-8608
Email: rm@truedecisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/28/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient Review X 4 days for Anterior and Posterior Spinal Fusion @ L5-S1 with L5 Fill Laminectomy

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 12/4/09 and 12/17/09

Ortho 12/2/08 thru 4/17/09

Diagnostics 1/14/09

RMA 12/15/08

MRI 12/5/08

Select PT 3/23/09 thru 4/23/09

Test 2/16/09

Dr. 11/23/09

Ortho Surgeons 9/29/09 and 9/4/09

Hospital 7/2/09

PATIENT CLINICAL HISTORY SUMMARY

On xx/xx/xx, Mr. injured his low back when he fell while attempting to lift a dolly on a truck. Examination on February 16, 2009 showed obesity, weakness and sensory loss in the right L5 distribution, positive straight leg raise on the right and decreased ROM of lumbar spine. EMG in December 2008 showed right L5 radiculopathy and borderline nerve conduction slowing. A CT/Myelogram on January 14, 2009 showed right foraminal stenosis at L5-S1 and a stable spondylolisthesis with no abnormal motion with flexion and extension. An L5-S1 laminectomy and right foraminotomy failed to relieve back pain. Examination on November 23, 2009 showed only minimal loss of ROM of lumbar spine and no motor or sensory deficit. MRI showed post-operative changes. Repeat x-ray shows stable spondylolisthesis as read by the radiologist.

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 his diabetes under control? (Uncontrolled diabetes could retard healing.) 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? These are important questions regarding the care of this patient. 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)