

SENT VIA EMAIL OR FAX ON
Jan/05/2010

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/29/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Discogram / CT L5-S1

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 Letter 11/17/09, 12/4/09, 8/25/09, 10/1/09

CoPE 11/10/09

Back 6/7/07 thru 8/19/09

Radiology Reports 9/8/08 and 7/24/07

OP Report 3/24/09 and 9/8/08

PT Report 1/30/09

PATIENT CLINICAL HISTORY SUMMARY

On xx/xx/xx, Ms. injured her low back when she braced a falling file cabinet. Examination on June 7, 2007 showed non-antalgic gait with normal heel and toe walk, no motor weakness, decreased range of motion of lumbar spine, normal sensation, negative straight leg raise, normal reflexes, and a positive Waddell's sign. Also, her leg would shake during motor testing on the left and the feeling was different on the lateral calf and top of the left foot. An EMG on 4/8/08 showed chronic active L5 radiculopathy on the basis of 1+ Fib & PSW with decreased recruitment in left peroneus longus and 1+ PSW in "lower paraspinous muscle". MRI on 7/4/07 showed left para-central disk protrusion with no significant root compression. Surgery was performed on 9/8/08 with an L5-S1 laminectomy bilaterally. Examination by a physical therapist on 1/30/09 showed bilateral motor weakness in multiple muscles of both lower extremities. It was an improvement over previous examinations. A follow-up note after surgery on 10/21/08 says the patient looks great, she feels better but no examination is recorded. Consultation on 3/3/09 states the patient reports pain going to left knee. Exam has

tenderness along left iliotibial tract and lateral calf. Psychological testing on November 10, 2009 showed depression, diminished sleep at night, a desire for permanent disability and worsening of her condition with physical therapy.

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 multiple conflicts in the record. There is no recent physical examination of the back or recent EMG. Motor examination of the physician conflicts with the physical therapist. In spite of the positive Waddell's sign no further evaluation for malingering was done. No weight has been given to the iliotibial and calf tenderness. This is a local pain rather than a referred pain. As noted the pain radiating to the left knee is suggestive of L3 or L4 nerve root involvement. The physical therapist noted improvement in muscle strength; the patient reported to the psychologist that physical therapy worsened her condition. A diskogram will not clear up the conflicts in this patient's record and may confuse the issues further. The ODG does not recommend a diskogram 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)