

SENT VIA EMAIL OR FAX ON  
Jul/08/2010

## Pure Resolutions Inc.

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

**DATE OF REVIEW:**

Jul/07/2010

**IRO CASE #:**

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

Lumbar Laminectomy at L4/5 & L5/S1 with a 23 hour observation

**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 6/3/10 and 5/12/10

Dr. 4/13/10 thru 5/4/10

MRI 3/16/10

Dr. 3/12/10

Diagnostics 4/23/10

OHS 3/7/10 thru 4/12/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male with a date of injury xx/xx/xx, when he fell on a pallet onto his left arm and back. He complains of pain radiating down the right leg to the calf and ankle. He has taken oral steroids. His examination reveals an absent right ankle jerk. An EMG of the lower extremities 04/23/2010 shows no evidence of radiculopathy. An MRI of the lumbar spine 03/16/2010 reveals at L3-L4 degenerative changes causing significant central canal stenosis and lateral recess narrowing. There is mild bilateral neuroforaminal narrowing. At L4-L5 there is severe bilateral recess narrowing with mild-to-moderate neuroforaminal stenosis. There is impingement of both descending L5 nerve roots. At L5-S1 there is severe right and mild left lateral recess narrowing with mild bilateral neuroforaminal stenosis. The provider is recommending a lumbar laminectomy at L4-L5 and L5-S1 on the right with a 23-hour observation.

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

The surgery is not medically necessary. There is not evidence that the claimant has undergone and failed a reasonable course of conservative measures, including NSAIDs, pain medications, physical therapy, and possible epidural steroid injections, as recommended by the guidelines. While he may, ultimately, be a candidate for surgery should he fail conservative measures, surgery at this time is not warranted with no significant neurologic deficits and no documentation of conservative measures. This determination is consistent with ODG criteria for a discectomy/laminectomy.

**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)