



REVIEWER'S REPORT

DATE OF REVIEW: 06/08/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Inpatient lumbar laminectomy/discectomy at L4/L5/S1, arthrodesis with cages and posterior instrumentation, L5/S1

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. TDI referral
2. SRS denial letters
3. Surgery request form
4. Office records from Dr. , 02/02/10, 07/22/08, 11/04/08
5. Treatment and progress report, Behavioral Health Associates, 04/13/10
6. EMG report, no date of service
7. TDI decision and order, 10/06/09
8. MRI scan of lumbar spine, 08/22/08
9. Pain Medicine consultation, 07/24/08
10. Medical office note, , RN, MSN, SNP-C, 05/21/08, 05/29/08, 06/06/08, 06/13/08
11. Office note, , D.C., 05/15/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

In reviewing the medical records, the patient has a lumbar spine injury and previous MRI scan that shows significant arthrosis and disc space narrowing, herniation, and stenosis at L5/S1 as well as a central bulge at L4/L5.

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

Surgery was denied because of the previous MRI scan being old; however, there has not really been any documented change in neurological status. Therefore, I believe a new MRI scan is not necessary and is not a reason to deny these services. The patient has had conservative care and appears to have instability at L5/S1 as well as nerve impingement at L4/L5. The request for nerve decompression with discectomy at L4/L5 and decompression and fusion at L5/S1 is medically reasonable and necessary fits the ODG Guidelines for the procedure.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- ACOEM-American 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)