

SENT VIA EMAIL OR FAX ON  
May/25/2010

## P-IRO Inc.

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

**DATE OF REVIEW:**

May/25/2010

**IRO CASE #:**

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

3 day in-hospital stay and decompression lumbar fusion with posterior instrumentation

**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 2/8/10, 2/11/10, 2/17/10

Dr. 8/14/09 thru 2/24/10

DNI 10/27/09 thru 1/19/10

12/7/09 thru 1/22/10

Peer Reviews 2/5/10 and 2/11/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male with a date of injury xx/xx/xx, when he was moving pipe. He complains of low back and bilateral leg pain. He has more axial pain than leg pain. He has been on NSAIDs, oral steroids, muscle relaxants, undergone PT, and underwent an ESI. His neurological examination reveals an absent left patella reflex, and a diminished right patellar reflex. Achilles reflexes are also absent bilaterally. There is extensor hallucis weakness, greater on the right. An EMG 10/27/2009 reveals a right S1 acute radiculopathy. A CT myelogram 01/19/2010 reveals at L5-S1 central stenosis and moderately stenosed bilateral neuroforamina. At L4-L5 there is a central disc extrusion with calcification. There is central stenosis, as well as marked left and right lateral recess stenosis. At L3-L4 there is a 3mm central herniation. A psychological evaluation 01/22/2010 revealed no contraindication for surgery. The provider is recommending an L4-L5 and L5-S1 decompression and fusion. The

provider feels that due to the extensive decompression needed, the claimant would have surgically induced segmental instability.

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

The proposed surgery is medically necessary. The claimant has a significant component of low back pain. Based on his examination and EMG studies, the pain generators are at L4-L5 and L5-S1. A simple decompression may relieve the radicular symptoms, but will not address the back complaints. Moreover, the provider feels that due to the extensive bilateral decompression that must occur at both levels, the claimant would be rendered unstable, and would need a fusion for this reason, alone. The claimant's condition meets the ODG criteria for a lumbar fusion. He has failed conservative measures and has psychological clearance for the procedure.

**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)