

SENT VIA EMAIL OR FAX ON
Jun/10/2010

True Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/10/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Decompressive laminectomy and stabilization at L3-L4; 4 day LOS

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Orthopedic Surgeon

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

MRI lumbar spine, 12/03/08

Lumbar spine AP/lat flexion/extension films, 03/16/10

Office note, Dr. Sassard, 04/01/10

Peer review, 04/16/10, 04/28/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained a work related injury to her low back on xx/xx/xx when she slipped on a waxed floor, landed on her left knee and struck her forehead. The initial diagnosis was not provided. According to records the claimant had 2 previous spine surgeries. An MRI of the lumbar spine on 12/03/08 showed anterior displacement of L3 with respect to L4 consistent with Grade I spondylolisthesis. There was an element of central stenosis present at L3-4. There was also foraminal narrowing. Lumbar spine AP/Lat flexion/extension films on 03/16/10 demonstrated approximately 2-3 mm of motion between flexion and extension at the L3-4 level. The claimant stated her pain was aggravated by sitting straight and better with heat. She rated her pain as 6/10. On examination, sensation

into her lower extremities was intact. Her deep tendon reflexes were about a trace. Motor function to dorsiflexion inversion, eversion and quadriceps appeared to be equal. Dr. recommended surgery.

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

Based solely on records provided and evidence-based medicine, the IRO reviewer cannot recommend the proposed surgery as medically indicated and necessary at this time.

There is no evidence of a dermatomal distribution to radicular pain and no evidence of progressive neurologic deficit or weakness or atrophy. It is unclear if the claimant has exhausted conservative care, physical therapy, stretch, strength, range of motion, modalities, a home exercise program, bracing, anti-inflammatory medications, or oral steroid preparation. It is unclear if the claimant has undergone psychological screening to see if she would be a candidate for proposed fusion surgery or gone through back school. It is unclear if she has exhausted conservative care with injection therapy with either epidural steroid injections or facet blocks.

Based on the above issues, based solely on review of the records provided, and ODG guidelines, the IRO reviewer cannot recommend the proposed surgery as medically indicated and necessary at this time.

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)