

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/01/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Lumbar Laminectomy and Discectomy at the L5/S1 Level; 1 day of In Patient Hospital Stay

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

M.D., Board Certified in Orthopedic Surgery
Board Certified in Spine Surgery

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

ODG Guidelines

ESIS Adverse Determination Letters, 4/29/10, 5/10/10

Imaging 12/7/09

Imaging 2/8/10

Back Institute 4/13/10

11/8/09 to 4/22/10

ODG Guidelines

5/10/10, 4/29/10

PATIENT CLINICAL HISTORY SUMMARY

This is a worker who has complaints of radiating leg pain down to the posterior buttocks, thigh, and into the calf. He has documented evidence of neurological deficit on physical examination with decreased sensation noted over the posterolateral aspect of the left calf when compared with the right. He has sitting straight leg raising positive on the left side resulting in buttock pain down into the calf. He has a positive Lasegue's test. MRI scan shows compression of the S1 root from a disc protrusion at L5/S1 level. The current request is for a decompressive lumbar laminectomy at L5/S1. The patient has already undergone physical therapy and at least two epidural steroid injections, the first with relief, the second without.

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

Based upon the medical records presented, the patient has clinical findings and complaints compatible with the physical examination and with the MRI scan results. He has fulfilled the criteria of the ODG Guidelines and Treatment Guidelines for failure of conservative care, supporting neural diagnostic imaging studies, and appropriate physical findings. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned. The reviewer finds that medical necessity exists for 1 Lumbar Laminectomy and Discectomy at the L5/S1 Level; 1 day of In Patient Hospital Stay.

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)