

# C-IRO Inc.

An Independent Review Organization  
7301 RANCH RD 620 N, STE 155-199A  
Austin, TX 78726  
Phone: (512) 772-4390  
Fax: (512) 519-7098  
Email: resolutions.manager@ciro-site.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Mar/22/2010

**IRO CASE #:**

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

Diagnostic laparoscopy w/removal of mesh, possible lysis of adhesions and other indicated procedures.

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

MD, Board Certified Internal Medicine

**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**

Denial Letters, 1/27/10, 1/13/10

Dr. 8/11/08 to 12/29/09

Surgery Center, 2/9/09

Prescriptions, 9/17/09, 10/19/09

ODG, Hernia Chapter

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male injured at work on xx/xx/xx. He underwent a laparoscopic bilateral inguinal hernia repair with mesh on 8/27/08. Two weeks after the surgery, he was noted to have pain on both sides. The pain continued and on 2/9/09, he underwent laparoscopic preperitoneal exploration where tacks were removed on the left side. The mesh was noted to be in good position. The patient was seen again for pain after the February 2009 surgery. CT scan did not reveal a recurrence. A nerve block was performed, which provided no benefit. On 10/30/09 the provider recommended transperitoneal exploration with removal of the mesh. Exam note dated 12/29/09 states patient is complaining of left-sided pain that was present prior to his reexploration surgery. He also complains of testicular pain, and sleep disturbance. He takes pain medication which somewhat relieves his symptoms; he does not take pain medication on a daily basis. Exam note states there is no sign or symptoms of infection. The providing doctor states in note dated 12/29/09 that she does not feel a recurrence of the hernia. She believes that the patient's pain is related to the mesh.

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

ODG recommends surgical repair of hernias, including recurrent hernia. The exam note of 12/29/09 states the provider does not feel a recurrence of the hernia. CT scan did not reveal a recurrence. There was a nerve block and nerve entrapment was ruled out. The mesh was noted to be intact on 2/9/09. All pain generators have not been ruled out. Based on the clinical information and the evidence-based guidelines, and without additional information to support the request, the reviewer finds that medical necessity does not exist at this time for diagnostic laparoscopy w/removal of mesh, possible lysis of adhesions and other indicated procedures.

**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)