SENT VIA EMAIL OR FAX ON
Apr/26/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/23/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
360 Lumbar Surgery SX @ L4-S1 LOS X 4 days

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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 3/2/10 and 3/24/10
Dr. 1/4/10
Associates 2/4/10
Brain and Spine 12/14/09
Worker's Medical 11/2/09 and 11/23/09
College Station 4/28/09
CT Lumbar Spine 1/13/06
Therapy Notes 5/18/09 thru 6/8/09

PATIENT CLINICAL HISTORY SUMMARY
This is a male with a date of injury xx/xx/xx , when he was unloading a door from a trailer. He is status post L5-S1 left decompression in the past. He has undergone physical therapy, ESIs, and NSAIDs. He has been cleared from a psychological evaluation 02/04/2010 for surgery. His neurological examination reveals an absent right Achiles reflex. An MRI of the

lumbar spine 04/28/2009 reveals a mild degree of spinal stenosis at L4-L5. There is a spinal canal stenosis and disc protrusion at L5-S1 with enhancing scar tissue. There is disc dessication at both levels. In Dr. note of 01/04/2010, it states that the claimant has a past medical history of "chronic tobacco use". It is not known, and not specified, if he is, indeed, a smoker. The provider is requesting a 360-degree surgery at L4-S1 with a 4-day length of stay.

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

The proposed surgery is not medically necessary. According to the ODG, "Low Back" chapter, all pain generators should be identified and treated. The claimant's worst complaint is the right leg pain. It is unclear that this is coming from the L3-L4 level. In fact, at L4-L5, there is severe neuroforaminal narrowing on the right. There are tests that could help identify a potential pain generator at L4-L5. Secondly, also according to the ODG, "Low Back" chapter, " For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing". While the claimant may ultimately be a candidate for the proposed surgery and does appear to meet other ODG criteria for a lumbar fusion, it is not known if he is, indeed, a smoker and if he has undergone smoking cessation. Therefore, based on the submitted documentation, the proposed surgery is not medically necessary.

References/Guidelines

2010 *Official Disability Guidelines,* 15th edition

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)