

SENT VIA EMAIL OR FAX ON
May/06/2010

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/03/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Laminectomy L5/S1

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

Board Certified Neurologist with 30 years experience in clinical practice

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 4/12/10 and 3/15/10
Neurosurgical Associates 7/21/09 thru 3/30/10
MRI 2/9/09
Health System 12/1/09
Dr. 7/21/09
OP Report 12/3/09

PATIENT CLINICAL HISTORY SUMMARY

On xx/xx/xx, Mr. injured his low back when he lifted a heavy chain. Following surgery on 12/3/09 the exiting nerve roots were directly visualized and were not impinged. He was reported to be symptom free for one week and then symptoms recurred. Neurological exam on 12/15/09 was "stable". An MRI on 2/19/10 showed stable compared to the study of 5/29/09. Examination on 1/11/10 reports symptoms of "reherniation" and some mild foot dorsiflexion weakness. Following the MRI, the conclusion was reached that since the patient improved after surgery and now was worse that "the disk reherniated".

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

This patient has continuing low back pain with relief of pain for 1 week post-operatively. Why does his pain continue? It is not clear from the record that any cause other than "reherniation" has been considered. No history was obtained as to what caused the "reherniation". It is not even clear from the records that his initial back pain was related to herniation even though testing was consistent with this diagnosis. No height and weight is recorded; no range of motion of the back is recorded; no inspection or palpation of the back is noted. The only

description of gait is that he walked with a cane just prior to the surgery. No history of exacerbating or relieving factors of the pain is recorded. Are there psychiatric problems or malingering present? Are Waddell's signs present? No information is given about activity level, sleep habits or nutrition. Is he misusing narcotic medication by performing strenuous activity after narcotic use? All these are important questions regarding care. The ODG does not recommend surgery in this clinical situation.

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)