

US Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/27/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

LUMBAR LAMINECTOMY

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

Doctor of Medicine (M.D.)
Board Certified in Orthopaedic 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 and Treatment Guidelines
Adverse Determinations, 2/17/10, 3/22/10
Institute 3/5/10, 11/4/09, 8/5/09, 2/20/09, 1/19/09,
11/14/08, 9/17/08, 1/4/10, 12/4/09
Center 1/25/10, 10/23/08, 8/12/08. 2/26/08
Diagnostic Imaging 1/24/05
Open MRI 2/17/04
Memorial Hospital 9/20/04, 9/15/04, 8/6/04, 6/18/04, 4/25/04,
9/9/04, 6/18/04, 8/5/04, 4/23/04
M.D., P.A. 6/30/09

PATIENT CLINICAL HISTORY SUMMARY

The patient has underlying congenital lumbar stenosis that was asymptomatic until he suffered a work related injury. Disc bulges at L4-5 and L5-S1 are prominent on the MRI. The patient has failed conservative management including epidural injections. The surgeon is requesting multi-level laminectomy from L2 to S1. There is progressive neurological defects with new onset spinal claudication and weakness.

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

The request meets the ODG requirements for surgery for spinal stenosis. Disc bulges at L4-5 and L5-S1 are prominent on the MRI. The patient has failed conservative management including epidural injections. The surgeon is requesting multi-level laminectomy from L2 to S1. There are progressive neurological defects with new onset spinal claudication and weakness. The request is consistent with the evidence-based guidelines. The reviewer finds that medical necessity exists for Lumbar Laminectomy.

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)