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Notice of Independent Review Decision

DATE OF REVIEW: 05/10/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Lumbar Decompression at the Levels of L4-L5 and L5-S1 between 3/25/2010 and 5/24/2010.

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. D.O., 05/01/09
2. Electrodiagnostic results, 06/11/09
3. MRI lumbar spine, 06/12/09
4. M.D., 07/27/09 thru 02/01/10
5. M.D., 09/03/09 thru 11/16/09
6. ESIS, 03/03/10 thru 03/31/10
7. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

This injured employee was injured on xx/xx/xx while she was working. She hit a bump in the xxx while driving, which caused the driver's seat to deflate.

The employee had early conservative care including physical therapy and medications.

An examination by Dr. on 05/01/09 reported symmetrical reflexes in the bilateral lower extremities with equivocal strength measurements and sensation. The doctor gave her medications.

An EMG was performed by Dr. on 06/11/09 and reported abnormal NCV that suggested a bilateral S1 radiculopathy. The EMG was completely normal with no evidence of radiculopathy.

Imaging performed a lumbar MRI on 06/12/09 that reported multilevel degenerative changes throughout the lumbar spine with severe lateral recess stenosis at the lower levels.

Dr., a spine specialist, examined the employee on 07/27/09. The doctor noted complaints of back and left leg pain, which was rated 8/10. The doctor reported symmetrical reflexes, strength, and sensation except for a decreased sensation of the left lower extremity in a nondermatomal distribution. Straight leg raising was positive for back pain only. The doctor noted a diagnosis of morbid obesity and recommended physical therapy.

Dr. performed an injection on 10/28/09, which helped for two days.

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

Official Disability Guidelines recommendations include indications for laminectomy where there is severe unilateral weakness and mild atrophy. This employee has no objective findings of radiculopathy. She has symmetrical reflexes, strength, and sensation of the bilateral lower extremities. Dr. reported symptom magnification and signs of functional overlay. She has no objective indications for surgery.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

1. **Official Disability Guidelines**