

SENT VIA EMAIL OR FAX ON
Nov/15/2010

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Laminectomy and Discectomy at L4/5

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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Dr. 4/15/10 thru 10/7/10

CT Lumbar 7/28/10

MRIs 10/15/09, 9/1/10, 10/5/09

FCE 7/27/10

No Date

9/30/10

Dr. 7/6/10

Peer Reviews 9/29/10, 8/17/10, 6/16/10, 12/28/09

DDE 3/30/10

PATIENT CLINICAL HISTORY SUMMARY

This is a female with a date of injury xx/xx/xx, when she was carrying a heavy box and tripped and fell. She complains of back pain radiating to the lower extremities. She has taken medications, including NSAIDs. Her neurological examination 09/20/2010 reveals a reduced left knee jerk, positive straight-leg raising on the left, and weakness of the up-going

toe on the right. A CT myelogram 07/28/2010 reveals moderate bilateral neuroforaminal stenosis and mild canal stenosis at L5-S1. At L4-L5, there is moderate bilateral neuroforaminal stenosis secondary to a mild diffuse disc bulge. There is a 7x4x4.7mm mass in the distal cord, immediately above the conus, to the right of midline, posteriorly, likely a lipoma. An MRI of the lumbar spine 09/01/2010 reveals at L4-L5: disc desiccation, disc space narrowing and annular bulging. There is no canal stenosis and mild left foraminal narrowing. There is no mention of a conus mass. At L5-S1 there is disc desiccation with mild bilateral foraminal narrowing. The patient had several positive Waddell's signs on an examination performed 07/27/2010 (consistent with symptom magnification)

The provider is recommending a laminectomy and discectomy at L4-L5.

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

The laminectomy and discectomy at L4-L5 is not medically necessary. There is no discrete disc herniation or significant neuroforaminal narrowing on the most recent imaging studies, to correlate with the patient's complaints and physical findings. The claimant has also been found to have evidence of symptom magnification. According to the ODG, "Low Back" chapter, "concordance between radicular findings on radiologic evaluation and physical exam findings" should be present in order for a lumbar discectomy to be medically necessary. Therefore, the procedure is not indicated or medically necessary.

References/Guidelines

ODG "Low Back" chapter

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)**