

# C-IRO Inc.

An Independent Review Organization  
1108 Lavaca, Suite 110-485  
Austin, TX 78701  
Phone: (512) 772-4390  
Fax: (512) 519-7098  
Email: resolutions.manager@ciro-site.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Apr/14/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Right L4 partial hemilaminectomy and discectomy

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

M.D., Board Certified Orthopedic Surgeon  
Board Certified Spinal Surgeon

**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**

Official Disability Guidelines  
Provider. 3/16/11, 3/28/11  
Clinic 2/1/11-3/25/11  
Clinic 6/22/10  
Assessment 11/9/10  
MD, PA 10/26/10-1/27/11  
Clinic Visit Note 10/26/10  
Hospital 11/22/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is an injured man who complains of right-sided leg pain and numbness and weakness. The patient is XX years old and was injured on XX/XX/XX with immediate onset of right radicular complaints. An EMG showed an S1 radiculopathy, but the MRI scan revealed a significant right-sided large disc protrusion at L4/L5 and compression of the right L5 nerve root. Physical examination showed the patient had weakness of extensor hallucis longus and the peroneal tendons, decreased sensation over the L5 dermatome, and positive straight leg raising. The patient had epidural steroid injections and physical therapy and continues to be symptomatic. Request is for Right L4 partial hemilaminectomy and discectomy.

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

Based on the ODG Guidelines, this patient has an objectified neurological deficit by office

examination. There is an MRI scan that confirms the physical findings. The patient has also proceeded through the ODG recommended nonoperative physical therapy and remains with an objectified definable neurologic deficit. The patient's clinical complaints, physical examination, and treatment plan have conformed to the Official Disability Guidelines criteria. Upon independent review, the reviewer finds there is a medical necessity for Right L4 partial hemilaminectomy and discectomy and the previous adverse determination/adverse determinations should be overturned.

**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)