

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
12001 NORTH CENTRAL EXPRESSWAY
SUITE 800
DALLAS, TEXAS 75243
(214) 750-6110
FAX (214) 750-5825

DATE OF REVIEW: August 16, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Laminectomy and Decompression Lt S1 root. CPT Codes: 63047, 38820, 69990 and 20931.

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

AMERICAN BOARD OF NEUROLOGICAL 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

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- M.D., 07/11/11, 06/17/11
- Ms. 07/05/11
- Insurance Company, 07/17/11
- M.D, 05/19/11
- Office Note, 04/15/10, 05/03/11, 05/16/11
- Radiology, 05/17/11
- M.D., 05/17/11

- Texas Workers' Compensation Work Status Report, 05/25/11, 06/12/11
- M.D., 05/26/11
- Medical Centers, 05/25/11
- 07/01/11, 07/28/11
- M.D., no date
- M.D., no date

Medical records from the Provider include:

- Radiology 10/08/08, 05/17/11
- M.D., 10/09/08
- M.D., 05/19/11
- M.D., 05/25/11
- M.D., 06/17/11

PATIENT CLINICAL HISTORY:

This is a male who was lifting an oil barrel and it slipped and compressed his back on xx/xx/xx, when he had an awkward turn of his torso. The patient had a previous MRI performed in 2008, and it was not clear as to what that was for and what the results were, but it reportedly revealed degenerative disc disease.

The patient was subsequently referred to M.D., on May 19, 2011. Dr., a neurosurgeon, evaluated him and felt like the patient did have signs and symptoms of a herniated disc at L5-S1 on the left. Dr. reviewed an MRI of May 17, 2011, which revealed a herniated disc and free fragment at L5-S1 on the left, as well as evidence of lateral recess stenosis. The patient's clinical findings at that time included: 1) Weakness on the left of plantar flexion; 2) positive straight leg raise to 45 degrees on the left; 3) absent ankle jerk on the left; 4) negative Babinski; and 5) decreased sensation at L5-S1.

The patient subsequently saw, M.D., a neurosurgeon in. Dr. evaluated the patient since he had become a workmen's comp case. Dr. substantiated the findings of Dr. and recommended a microlumbar laminotomy and discectomy at L5-S1 on the left, microscope assisted, as well as EMG and somatic sensory testing. However, two previous requests had been made and had been denied, one by M.D., orthopedic surgeon, and one by, M.D., neurosurgeon. As best as I can determine from their reports, they denied it based on the fact that no lower level of treatment had been initiated, such as bedrest, physical therapy, EMG, and epidural steroid injections.

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

In review of all the records submitted to me, I was unable to find where conservative treatment had been utilized. However, there was enough evidence from the history and correspondence from both physicians, Dr. and Dr. in addition to Mrs. concern for her husband's limited condition.

With that in mind, I would approve this surgery. The patient has all the signs and symptoms requiring surgery which would allow him to be back at work in a reasonable period of time.

The rationale for this is ODG, Low Back Chapter, of lumbar microdiscectomy at L5-S1.

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

- ACOEM- AMERICAN 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)