

Notice of Independent Review Decision
REVISED REPORT
 Omitted date of submission from page 2

DATE OF REVIEW: 12/03/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar decompression, L3 through S1, with inpatient length of stay two days

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering low back pain

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
724.2			Prosp.						Upheld

INFORMATION PROVIDED FOR REVIEW:

- Independent Review Incorporated forms
- TDI referral forms
- Denial letters, 11/03/11 and 09/22/11
- letter to Independent Review Incorporated, 11/18/11
- ODG 2011 Low Back Chapter, Discectomy/Laminectomy passage
- MRI scan, lumbosacral spine, 08/19/11, revealing shallow disc protrusions at L4/L5 and L5/S1 with annular tear, L3/L4
- Clinical notes, nine entries between 08/28/11 and 02/05/10, with a letter of causality, 10/22/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who suffered a truncal crush-type injury on xx/xx/xx when he was pinned between large boxes. He has had low back pain and bilateral leg pain, more severe on the left than on the right, for some time. He has been evaluated extensively and treated with physical therapy, pain medication, muscle relaxant medication, activity modifications, and epidural steroid injection. His pain has been persistent. MRI scan revealed shallow disc protrusions without specific nerve root compression. He has had a diagnosis of degenerative disc disease with

degenerative spondylolisthesis at at least two disc levels, L3/L4 and L5/S1. Specific physical findings have not demonstrated specific nerve root deficits. He has complained of pain in the posterior aspect of his legs, more severe on the left than on the right. A request to perform lumbar decompression from L3 through S1 with inpatient length of stay two days has been considered and denied; it was reconsidered and denied.

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

At the present time there is indication that some instability at two levels may exist based on findings of plain x-rays and the MRI scan. There are no physical findings which suggest specific nerve root compression, nor is there any physical finding of cauda equina syndrome, which might be benefited by decompression from L3 through S1. In the absence of findings of extensive canal stenosis and compression of multiple nerve roots, such a decompression does not appear indicated or likely to be beneficial.

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

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPH-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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)