

# US Resolutions Inc.

An Independent Review Organization  
1115 Weeping Willow  
Rockport, TX 78382  
Phone: (512) 782-4560  
Fax: (207) 470-1035  
Email: manager@us-resolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jan/02/2011

**IRO CASE #:**

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

Lumbar posterior decompression at bilateral L4-5 and a one-day in-patient stay

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

MD, Board Certified Orthopedic Surgeon and 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**

OD Guidelines

11/4/10, 11/23/10

Orthopaedic Specialists 5/10/10 to 6/25/10

Injury Center 2/8/10 to 12/14/10

MD 3/10/09

M.D., P.A. 8/26/10

MRI & Diagnostic, Inc. 3/19/10 to 3/29/10

Hospital 6/9/09

10/12/10

Pain Consultant Associates 3/29/10

11/4/10, 11/23/10

DO 1/30/09

11/7/08 to 11/12/08

**PATIENT CLINICAL HISTORY SUMMARY**

This is a who, according to history, was injured while at work on xx/xx/xx. He has back pain and complains of some radiating leg pain. Neurological examination was generally negative including no weakness on heel-toe rise. He had one chiropractic examination, which revealed weakness of the quadriceps and weakness of the calf muscles. It was stated that at some times the radiculopathy goes over the top of the foot. An MRI scan has revealed some mild effacement of the L4 nerve root. Flexion/extension views did not reveal any instability at L4/L5. Evaluation was done for invasive pain management and epidural steroid injection,

but it appears that these were not performed, or at least there are no medical records that we found documenting that they were performed due to lack of documented radiculopathy. EMG/NCV study was also ordered. Lumbar posterior decompression at bilateral L4-5 and a one-day in-patient stay was denied twice on peer review.

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

Based upon the Official Disability Guidelines and Treatment Guidelines, clear-cut evidence of radiculopathy would be required for consideration of a decompressive surgical procedure. The medical records generally do not indicate any objective neurological deficit, and where there is discussion of possible radicular complaints such as dysesthesia over the dorsum of the foot or calf weakness, this would not correspond with the MRI scan findings of an L4 root underfilling. The treating physician does not explain in the records why there should be a divergence from ODG Guidelines. In addition it is not explained how this particular treatment plan would benefit the patient's outcome, with divergent neurological examinations that do not correspond to the MRI scan findings. The reviewer finds no medical necessity for Lumbar posterior decompression at bilateral L4-5 and a one-day in-patient stay.

**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)