

SENT VIA EMAIL OR FAX ON  
Nov/22/2011

## Pure Resolutions LLC

An Independent Review Organization  
990 Hwy 287 N. Ste. 106 PMB 133  
Mansfield, TX 76063  
Phone: (817) 405-0870  
Fax: (512) 597-0650  
Email: manager@pureresolutions.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Nov/15/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Reimbursement for Medication 2/6/11 thru 5/11/11

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**  
Board Certified Orthopedic Spine Surgeon, Practicing Neurosurgeon

**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  
Letter of correspondence dated 08/29/11  
Request for IRO dated 08/22/11  
Peer review by dated 09/10/10  
Peer review Dr. dated 04/19/11  
Approval for disability pension undated  
MRI lumbar spine dated 06/14/07  
Operative report dated 01/08/08  
MRI lumbar spine dated 08/04/08  
Radiographic report lumbar flexion extension dated 01/13/09  
CT myelogram of lumbar spine dated 02/13/09  
BRC determination dated 04/30/09  
Letter Dr. dated 09/04/10  
Clinical records Dr.

#### **PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who is reported to have sustained work related injuries to his low back on xx/xx/xx. Per the available records he is reported to have been lifting a generator to place it on the trailer when he developed low back pain with numbness down to the left foot and leg. Records indicate the claimant underwent a course of conservative treatment which included lumbar epidural steroid injections. He later came under the care of Dr. Imaging studies indicated a large left paracentral disc herniation at L5-S1 impinging upon the traversing left S1 nerve root. The claimant subsequently underwent a left L5-S1 hemilaminectomy and medial facetectomy and excision of HNP on 01/03/08. Postoperatively the claimant has developed failed back surgery syndrome and is noted to have continued low back pain with radiation into left lower extremity. A CT myelogram notes the claimant underwent a left L5-S1 laminotomy with epidural scarring encasing the proximal left S1 nerve root with recurrent or residual prolonged disc protrusion with spondylosis reaching dural sac in proximal S1 nerve root sleeve. It is noted per CCH decision, the hearing officer found the compensable injury to not include depression and anxiety and did not include L5-S1 disc narrowing, L5-S1 degenerative disc disease, and L5-S1 spinal stenosis and bone spurs. Records indicate the claimant's medication profile currently includes Lyrica oral capsules 75 mg, Soma 350 mg, Oxycontin ER 20 mg, Xanax 0.5 mg, Flector patch extended release and Hydrocodone APAP 10/500.

A review of benefit review conference hearing decision and order dated 04/30/09 indicates the compensable injury does include recurrent or residual L5-S1 5 mm disc bulge/protrusion, L5-S1 mechanical and vertebral collapse of motion segment, L5-S1 spondylosis , L5-S1 retrolisthesis and lumbar radiculopathy.

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

The submitted clinical records indicate the claimant has a failed back surgery syndrome. Review of Dr. records indicates the claimant has chronic low back pain with lumbar radiculopathy and evidence of myospasms on physical examination. Based on the clinical information provided, reimbursement for medication for period of 02/06/11-05/11/11 was opined to be medically necessary and consistent with current standard of care and BRC decision and order. Therefore, the previous denials are overturned.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**