



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Network (WCN)

Date: October 13, 2011

MEDWORK INDEPENDENT REVIEW DECISION (WCN)

DATE OF REVIEW: October 13, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN dispute

Were the radiologic examination, spine, lumbosacral; minimum of 4 views considered medically necessary for this patient?

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

Texas State Licensed MD Board Certified Orthopedic Surgeon & Spine 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Assignment to 09/30/2011
2. Notice of assignment to URA 09/30/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 09/30/2011
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 09/29/2011
6. Insurance 08/23/2011, Letter from MD 8/23/2011, Insurance 8/19/2011, Pre-Auth form 8/18/2011, Insurance 8/17/2011, 07/05/2011, Letter 07/01/2011, Medicals 07/01/2011, 02/11/2011, Letter 10/27/2010, Medicals 07/15/2010, 08/14/2009, Pharmacy form 07/24/2009, Medicals 7/14/2009, 05/05/2009, 07/15/2008, 02/29/2009,
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:



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Clinical history of this patient has been reviewed. His original accident was in xxxx. This patient has subsequently undergone a lumbar fusion with instrumentation. The instrumentation has since been removed. The patient has been through pain management. Recently, the patient has had an increase in back pain. The requesting physician has suggested that repeat x-rays are reasonable.

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

The previous adverse determination should be overturned. The x-rays are reasonable to assess somebody who has back pain, especially in somebody who has had previous lumbar fusion and has had removal of implants. X-rays would be reasonable to assess whether, in fact, the patient has a pseudoarthrosis, ongoing facet arthrosis, adjacent level disease, etc.

The request for x-rays does meet clinical guidelines and medical judgment, clinical experience and expertise in accordance with accepted medical standards.

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 KNOWLEDGBASE
- 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)