C-IRO Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/03/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
inpatient L4-5 bilateral simple diskectomy

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Neurosurgeon

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[ ] Upheld (Agree)
[X] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines
Notification of reconsideration determination 12/02/11
Notification of adverse determination 10/13/11
MRI lumbar spine 06/27/11
Progress notes Dr. 06/28/11-01/12/12
Behavioral evaluation 10/27/11

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male whose date of injury is xx/xx/xx. The patient was noted to complain of low back pain and bilateral leg pain. MRI of lumbar spine performed 06/27/11 revealed moderate posterior central focal disc extrusion at L4-5 with diffuse disc osteophyte. There is facet and ligamentum flavum hypertrophy at this level. Severe near occlusal spinal stenosis with depression of cauda equina was also noted, with mild foraminal compromise bilaterally. Electrodiagnostic testing was noted to show right L4 and L5 radiculopathy changes. On examination straight leg raise was positive at 50 degrees bilaterally. There is reduced sensation over the L5 dermatome on right and L4 on left. The claimant was treated with medications, physical therapy and epidural steroid injections.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The claimant is noted to have sustained injury to low back on xx/xx/xx. He complains of low back pain radiating to lower extremities. The most recent examination on 01/12/12 reported straight leg raise test is positive at 50 degrees bilaterally. Deep tendon reflexes are bilaterally symmetrical and normal except for both ankle jerks that are absent. There is reduced sensation over L5 on right and L4 on left. MRI revealed moderate posterior central focal disc extrusion at L4-5 with diffuse disc osteophyte, facet ligamentum hypertrophy. There was

severe near occlusive spinal stenosis with compression of cauda equina and mild foraminal compromise bilaterally. EMG/NCV was noted to show L5 radiculopathy changes on right. The claimant has failed an appropriate course of conservative treatment including therapy, medications, and epidural steroid injections. The claimant's physical examination findings are consistent with imaging, and surgical intervention is indicated. The reviewer finds there is a medical necessity for inpatient L4-5 bilateral simple discectomy.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)