



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 1/10/2012

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient right L3-L4 Microdiscectomy.

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

M.D. Board Certified in Orthopedic Surgery Fellowship Trained 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	12/21/2012
Notice of Utilization Review Findings	12/10/2012-12/18/2012
Office Visit Notes Appeal Note	8/31/2012-12/03/2012 12/10/2012
MRI Report	8/07/2012
Daily Notes	11/12/2012-11/30/2012

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The patient is a male who experienced acute onset of low back pain radiating to his right after bending forward to pick up a newspaper. He was subsequently diagnosed



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with an acute Lumbar Herniated Nucleus Pulposus (HNP) at L3-L4 with severe right sided lateral recess stenosis supported by MRI. The patient underwent a trial of conservative management to include activity modifications, pharmacotherapy, physiotherapy, as well as trans-foraminal epidural steroid injections with minimal relief. His latest clinical exam notes continued back and leg pain.

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

Per ODG references the requested outpatient right L3-L4 microdiscectomy is medically necessary.

The notes provided were reviewed; the diagnosis and treatment to date including the surgical treatment requested are all within the standards of care and ODG guidelines. Per note dated 12/03/2012, the patient continues to have a significant amount of right-sided pain really not significantly improved with conservative therapy over the last 4 months.

The MRI report dated 8/07/2012 documented disc bulges at L1-L2 and L3-L4 with right sided disc herniation at L3-L4.

Patient has moderate to severe debilitating right leg pain due to severe lateral recess stenosis by MRI and has failed a trial conservative management. Given failure of conservative management and continued pain, surgical treatment is indicated.

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 KNOWLEDGE BASE
- 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