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Notice of Independent Review Decision

Case Number:

Date of Notice: 12/29/2014

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Neurosurgeon

Description of the service or services in dispute:

Lumbar fusion, decompression and bone marrow aspirate (BMA)

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:

Patient Clinical History (Summary)

The patient is a year old male who reported an injury to his low back. No description of the initial injury was provided. X-rays of the lumbar spine dated revealed essentially normal findings with flexion and extension views. No significant abnormalities were identified. The MRI of the lumbar spine dated 07/22/14 revealed congenital stenosis at L4-5. Mild degenerative disc disease was also identified at L5-S1. The clinical note dated 08/28/14 indicates the patient having undergone physical therapy without any significant benefit. The patient has also undergone 1 epidural steroid injection which evidently exacerbated the pain. The note indicates the patient utilizing Gabapentin and Vicodin for pain relief. The clinical note dated 08/26/14 indicates the patient complaining of radiating pain from the low back into the right lower extremity. The patient described low back pain as well as radiating pain to the right lower extremity.

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Subjective complaints of weakness were also identified throughout the right lower extremity. The note indicates the patient able to demonstrate 5/5 strength throughout all extremities. No reflex deficits were identified. The clinical note dated 06/18/14 indicates the patient describing low back pain which was exacerbated following an episode of swimming. The note indicates the patient having undergone the use of a Medrol dose pack without benefit. The clinical note dated 08/20/14 indicates the patient utilizing Hydrocodone. The note also indicates the patient having undergone a urine drug screen which revealed findings consistent with the positive use of THC as well as Morphine and Profexin. The patient rated the pain as 6-10/10. Upon exam, tenderness was identified upon palpation over the L4-5 and S1 regions.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The documentation indicates the patient complaining of ongoing low back pain with radiating pain to the right lower extremity. A lumbar fusion and decompression are indicated provided the patient meets specific criteria to include significant findings identified by clinical exam and imaging studies confirm the patient's significant pathology. The x-rays revealed essentially normal findings with no significant movement on flexion and extension views. Additionally, no significant findings were identified with the submitted MRI. Furthermore, the clinical notes reveal the patient able to demonstrate 5/5 strength with no sensory or reflex deficits identified. Given these factors, it does not appear the proposed fusion and decompression with bone marrow aspirate would be indicated for this patient at this time. As such, it is the opinion of this reviewer that the request for a lumbar fusion, decompression, and bone marrow aspirate is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)

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Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)