



**MEDICAL EVALUATORS
OF T E X A S** ASO, L.L.C.

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Notice of Independent Review Decision

DATE OF REVIEW: X

DATE OF AMENDMENT: X

IRO CASE #:X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH
PHYSICIAN WHO REVIEWED THE DECISION**

X

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

X

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Mechanism of injury:

X.



Lumbar Spine X View from X dated X reported X.

X Lumbar Spine from X dated X reported interval surgical changes of laminectomies from Lumbar X through Lumbar X with improved spinal canal stenosis. Granulation tissue in the right aspect of the spinal canal at Lumbar X to Sacrum X narrows the right lateral recess. Moderate stenosis of the right Lumbar X to Lumbar X, bilateral Lumbar X to Lumbar, bilateral Lumbar X to Lumbar X neural foramina. Varying degrees of the spinal canal and neural foraminal stenoses at other levels.

Progress Note by Dr. X dated X documented that the claimant had previous symptoms which included X. X symptoms at that time included X. X pain level was X, with X being the most pain imaginable. X pain was aggravated by X. X was treated with X. X had an X lumbar and cervical spine done in the past. Objective findings on exam included X. Bilateral lower extremities knee and ankle reflexes were X, and X response was X. X and spine X were X, X was normal, and the X test was X. X to X or X present. The claimant's medical history includes X. The claimant was diagnosed with lumbar radiculopathy, status-post lumbar laminectomy, lumbar stenosis with neurogenic claudication, and lumbar foraminal stenosis.

Appeal Determination Denial from X dated X denied the request for X.

Prospective Review Response from X dated X documented that the claimant was denied a preauthorization approval for X as requested by Dr. X from on X. It stated that the objective data did not demonstrate X. It also stated that the mechanical findings did not demonstrate evidence of X. "While there had been an improvement



based on imaging of the degree of stenosis involving the mid to lower lumbar spine, X persists. It might be appropriate at this time to consider electrodiagnostic studies to try to objectify evidence of specific radiculopathy.” It also stated that the records from X did not demonstrate the presence of a right Lumbar X, Lumbar X, or Lumbar X radiculopathy, and the X demonstrated moderate X. Also, there was no indication of X. Therefore, the suggested X did not meet the ODG criteria and is not considered medically necessary.

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

The claimant has attempted an adequate trial of nonsurgical management, and the imaging does demonstrate X, which would warrant the surgery recommended. Additional nonsurgical management is not appropriate or necessary in this setting. The claimant has X. Therefore, X is considered medically necessary.

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 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**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND**



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**EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL
STANDARDS**

- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**