

Wren Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/31/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Posterior fusion with decompression L1-5 with 3 day length of stay

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

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Adverse Determination Letters, 8/6/09, 7/17/09

MD, 6/16/09

MD, 6/16/09, 5/19/09, 4/23/09, 3/26/09, 2/19/09, 1/22/09, 12/30/08, 11/25/08, 10/29/08,

9/26/08, 8/29/08, 5/28/08, 4/17/08, 4/3/08, 2/28/08, 11/30/07,

6/15/09, 5/4/09

PhD, 6/29/09

Radiology, 6/9/09

Electrodiagnostic Study, 5/21/09

MRI Lumbar Spine, 4/16/08

ESI #3, 5/23/08

ESI #2, 3/28/08

MD, 1/9/08

PATIENT CLINICAL HISTORY SUMMARY

This is a xx-year-old male with MRI scan findings of multilevel degenerative disease and severe stenosis and some lateral recess stenosis. He is noted to have significant disc space height loss at several levels as well as a grade 1 degenerative slip at L4/L5. Current request is for decompression and fusion at L1 to L5.

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

While this patient certainly has imaging study findings indicative of severe central and lateral recess stenosis, there has been no documentation of instability. Studies with flexion/extension views to determine whether there is instability at L4/L5 were not included in the records provided. There is no indication in the literature that such an extensive fusion would be merited in any case, however. The patient does not meet Official Disability Guidelines and Treatment Guidelines. The reviewer finds that medical necessity does not exist for Posterior fusion with decompression L1-5 with 3 day length of stay.

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

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)