

Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/11/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Lumbar Epidural Steroid Injection L5-S1

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified in Orthopaedic Surgery

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

Adverse Determination Letters, 10/22/09, 11/19/09
ODG Guidelines and Treatment Guidelines
MRI Lumbar Spine, 3/5/09
X-Ray Lumbar, 3/5/09
MD, 10/29/09, 10/13/09, 9/1/09, 7/21/09
MD, DDE, 2/27/09
MD, 4/8/09
RN, 8/31/09
Emergency Room Records, 12/5/08
Attorney 11/30/09
Evaluation Centers, 9/16/09

PATIENT CLINICAL HISTORY SUMMARY

This is a injured male worker with a documented spondylitic defect at L5. He apparently was pain-free prior to the accident that occurred in xx/xx/xx. The provider in this case has recommended conservative care for the patient, including a lumbar epidural steroid injection, L5-S1, which is the subject of this review.

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

Based upon the medical records provided, two different orthopedic surgeons have evaluated this gentleman and found him to have neurological deficits compatible with an L5 radiculopathy, a contradistinction to the stated neurological examination in the previous reviewer's report. Records reviewed demonstrate this individual has weakness of his extensor hallucis longus and absent ankle reflexes. An MRI scan shows a spondylitic slip with narrowing of the L5/S1 neural foramina. The records are compatible with a lumbar radiculopathy with objective documented evidence both on imaging studies and on at least two independent physician's physical examinations. Therefore, this request conforms to the Official Disability Guidelines and Treatment Guidelines. Upon independent review, the

reviewer finds that the previous adverse determination(s) should be overturned. The reviewer finds that there is medical necessity for Lumbar Epidural Steroid Injection L5-S1.

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)