

Wren Systems

An Independent Review Organization
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DATE OF REVIEW:

May/27/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient lumbar surgery to include examination under anesthesia, lumbar laminectomy, discectomy, decompression L3-4-5-S1, Arthrodesis with cages, posterior instrumentation at L5-S1, LOS 2 days

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

M.D., board certified in Orthopedic 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

ODG Guidelines and Treatment Guidelines

Determination Letters, 4/23/09, 5/1/09

MD, 2/17/09

MRI Lumbar Spine, 11/14/07

Electrodiagnostics, 4/13/09

Presurgical Screening, 4/8/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male whose chief complaint is chronic back pain and bilateral leg pain. He has had extensive conservative care. He has had a psychological screening that was diagnostic to surgical approval. He had failed physical therapy and epidurals. An MRI shows degenerative changes of all of his lumbar discs. There are no herniations other than what appear to be contained herniation with right-sided lateralization at L5/S1. Dr. has indicated that he has a 19-degree extension but no mention is made of the difference between flexion and extension. He states that this satisfies instability criteria and the indication for the fusion. Initially, when he lost his balance and fell. He has had an EMG/nerve conduction study in the interim which confirms a right L5 radiculopathy. An MRI, as mentioned, does show an abnormality at L5/S1 but does show in addition some foraminal stenosis at L4/5 and L5/S1 and some central stenosis at L3/4. The explanation for the various decompressive procedures is not clear from Dr. medical records that were provided.

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

Based upon the ODG Official Disability Guidelines and Treatment Guidelines, the instability at L5/S1 would have to satisfy AMA criteria for instability. The AMA criteria for instability would be the angular motion of greater than 20 degrees and more specifically and more usual, a transrelational component that exceeds 4.5 degrees. In general, instability is not clinically significant until it exceeds 25 degrees. (Reference: Textbook of Spinal Disorders by Stephen I. Esses.) With multi-level degenerative disc disease reflectively involving his entire spine based upon all the discs being “dark” on MRI, selecting the L5/S1 disc for fusion does not meet the criteria. Furthermore, the L5/S1 disc has not been identified as the pain generator in this gentleman’s case, as we do not see results of provocative discography within the records provided, identifying L5/S1 as the pain generator and not other degenerative levels which could possibly be involved in the patient’s back pain complaints. Hence, the work-up does not satisfy the ODG Treatment Guidelines’ criteria for having identified the pain generator. It is for this reason, and the fact that the recommended surgeon does not explain why the ODG Guidelines should be set aside in this particular case, that this reviewer is unable to overturn the previous adverse determination as based upon the records provided. The criterion per ODG Guidelines has not been satisfied. The reviewer finds that medical necessity does not exist for Inpatient lumbar surgery to include examination under anesthesia, lumbar laminectomy, discectomy, decompression L3-4-5-S1, Arthrodesis with cages, posterior instrumentation at L5-S1, LOS 2 days.

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)