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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/16/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Posterior Lumbar Decompression and Fusion, L4-L5, L5-S1

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

M.D., Board Certified Orthopedic 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

MRI lumbar spine, 08/02/07

Office notes, Dr. , 02/11/08, 02/22/08, 03/26/09, 04/24/09, 08/04/08, 09/24/08, 10/31/08, 12/05/08, 12/29/08, 02/20/09, 04/24/09, 05/21/09, 06/08/09, 07/15/09

Operative reports, Dr. , 04/17/08, 06/12/08

Lumbar MRI, 11/17/08

Discogram, 02/25/09

CT lumbar spine, 02/25/09

Peer review, Dr. , 05/13/09

Peer review, Dr. , 08/26/09

ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a male with complaints of low back pain and primarily right lower extremity pain. The MRI of the lumbar spine from 08/02/07 showed lumbar spondylosis most prominently at L3-4 and L4-5, posterior annular tear with small disc protrusion at L4-5, neural foraminal narrowing bilaterally at L3-4 and L4-5 most prominent on right at L4-5 with mild exiting nerve root impingement. The claimant underwent a 04/17/08 epidural steroid injection and 06/12/08 facet joint injections for temporary relief. The MRI of the lumbar spine from 11/17/08 showed L3-4 multifactorial changes with left foraminal disc protrusion with marked impingement on the L3 ganglion in the left neural foramen at L4-5, multi factorial changes producing moderately severe right foraminal and canal stenosis was noted at L5-S1 a shallow central

disc protrusion not displacing the traversing neural structures. The 02/25/09 discogram revealed a positive provocative lumbar discogram at L4-5 and L5-S1 and negative at L2-3 and L3-4. The 02/25/09 CT of the lumbar spine showed multi level disc degeneration and facet arthropathy contributing to spinal canal and neural foraminal stenosis. Dr. obtained 06/08/09 dynamic imaging of the lumbar spine including flexion and extension views which showed grade 1 spondylolisthesis of L5-S1 with an 8 millimeter shift. There was also quite aggressive facet gapping between the L5 that showed 5 millimeter shift.

The 07/15/09 examination revealed diminished bilateral Achilles reflex, decreased strength to the left extensor hallucis longus and anterior tibialis of 4/5. Positive straight leg raise bilaterally was noted. The diagnoses were: grade 1 L5-S1 spondylolisthesis, lumbar internal disc derangement, lumbar radiculopathy, lumbar spondylosis and lumbago. Review of the records indicated that the claimant has been treated with medications, injections and chiropractic care.

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

From a review of these records and taking into account the Official Disability Guidelines, there is no documentation of a psychosocial screening. There is no documentation of smoking history or smoking cessation counseling, if indeed the claimant is a smoker. It would appear that there is instability at L5-S1 but not at L4-5. Discography was positive at 2 levels but the MRI would suggest a 3rd level of pathology.

This case does not meet the Official Disability Guidelines for medical necessity. Specifically the spine pathology is not limited to two levels. Psychosocial screening does not appear to have been performed. There is no documentation of smoking history or smoking cessation counseling. The reviewer finds that medical necessity does not exist for Posterior Lumbar Decompression and Fusion, L4-L5, L5-S1.

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, Chapter low back-Fusion

Pre-Operative Surgical Indications Recommended: Pre-operative clinical surgical indications for spinal fusion should include all of the following: (1) All pain generators are identified and treated; & (2) All physical medicine and manual therapy interventions are completed; & (3) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography (see discography criteria) & MRI demonstrating disc pathology; & (4) Spine pathology limited to two levels; & (5) Psychosocial screen with confounding issues addressed. (6) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing. (Colorado, 2001) (BlueCross BlueShield)

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)