

Wren Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/20/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient length of stay for three (3) days for discontinuation of Moss Miami at L4-5, decompression and transforminal lateral interbody fusion (TLIF) at L3-4, Implanted bone growth stimulator and purchase of thoracic-lumbosacral orthosis (TLSO).

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

MD, Board Certified Orthopedic Surgeon
Board Certified Spinal 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

ODG

, 6/3/10, 6/11/10

M.D. 8/20/96 to 6/4/10

4/30/03 to 7/12/10

M.D. 12/3/09

4/29/08

Healthcare Systems 5/18/10

Medical Center 4/26/10

Physical Medical Consultants 9/15/09 to 3/16/10

M.D. 8/8/05

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who according to the medical records underwent a fusion at L4/5 and subsequently developed pain. He was noted on physical examination to have neurological signs compatible with an L5 radicular pattern which a previous reviewer felt was most likely remote. The patient then underwent a CT scan after which it was noted that there was some weakness of the quadriceps and numbness over the lateral thigh and medial calf. The CT scan revealed breakdown of the L3/4 disc above the previously fused L4/5 segments. While there is some mild listhesis noted at L3/4 there was no motion with flexion/extension.

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

In the absence of instability, fracture and various other conditions this gentleman does not meet the ODG guidelines for a fusion. He has not had multiple laminectomies, and there is documentation of lack of instability on flexion/extension views. He would not be a candidate for fusion based on the guidelines. It is noted that the spinal canal is narrowed at this L3/4

level, however there was no indication within the medical records that there was any myelopathy. The criterion for fusion are not met and the requesting physician has not explained why these guidelines should be set aside in this particular patient's case. The reviewer finds that medical necessity does not exist for Inpatient length of stay for three (3) days for discontinuation of Moss Miami at L4-5, decompression and transforminal lateral interbody fusion (TLIF) at L3-4, Implanted bone growth stimulator and purchase of thoracic-lumbosacral orthosis (TLSO).

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)