

Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient Lumbar Surgery to include examination under anesthesia; Lumbar Laminectomy; Discectomy at L4-5; Arthrodesis with cages; Posterior instrumentation at L5-S1 with 2 days LOS

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

M.D., Board Certified Orthopedic Surgeon and Board Certified 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

ODG Low Back Chapter

Direct, 5/10/10, 5/14/10

M.D., P.A. 4/26/10, 4/27/10, 11/10/09

M.S. 1/30/10

4/6/10

M.D. 8/13/09

Imaging Center 9/2/08, 9/1/08

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who is with back and leg pain complaints following an xx/xx injury. He had an MRI scan showing degenerative disease at L4/L5 and L5/S1. There is a small herniation at L4/L5, a 2-mm protrusion at L5/S1, and an annular tear at L3/L4. There has been previously disputed documentation of smoking. According to the treating physician, there are some positive physical findings including neurological deficits and instability on flexion/extension views. This contradicts the radiologist's reports showing no instability that would conform to ODG Guidelines. Dr. reviewed the same films that the radiologist reported on and found instability.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

Given the fact that there is significant conflict between the reading of Dr. and the radiologist, it is not possible to determine whether or not there is instability based upon the flexion/extension views. Even if there is instability, performing a fusion topped by a laminectomy creating further breakdown of the L4/L5 disc and an annular tear above the L4/L5 level predisposes this patient to further failed back syndrome and repeat surgery.

It would appear from the radiologist's report that this man is beginning the typical degenerative cascade as described by Kirkaldy-Willis and others. This patient's neurological deficits appear mild, if present, and the nerve root compression appears minimal from the radiologist's read.

Given the lack of instability per AMA Guidelines criteria on the radiologist's read, this reviewer, as previous reviewers, is left with little option than to conclude that this patient does not conform to ODG Guidelines criteria for fusion. It is for this reason the previous adverse determination cannot be overturned. There are clearly conflicting elements within the medical records. Therefore, the reviewer finds that medical necessity does not exist at this time for Inpatient Lumbar Surgery to include examination under anesthesia; Lumbar Laminectomy; Discectomy at L4-5; Arthrodesis with cages; Posterior instrumentation at L5-S1 with 2 days LOS.

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)