

Wren Systems

An Independent Review Organization
3112 Windsor Road #A Suite 376
Austin, TX 78703
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Laminectomy With Fusion and Instrumentation at L4/5 with a one-day Inpatient Length of Stay

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

M.D., 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 Guidelines and Treatment Guidelines
Adverse Determination Letters, 12/19/09, 1/20/10
Neurosurgical Association 1/7/10, 8/24/09, 2/26/09, 11/17/08, 4/8/08
Ph. D. 5/29/09
MD, 12/2/09, 2/20/09, 12/12/08, 10/24/08, 5/20/08, 4/25/08
CAT Scan & MRI Center 11/7/08

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who has a previous history of undergoing a lumbar laminectomy at L4/L5. He was injured while at work. He was involved in a motor vehicle accident when he was in an 18-wheeler. A myelogram and post myelographic CT scan performed on 06/13/02 prior to his L4/L5 laminectomy, foraminotomy and disc excision showed essentially no findings at the L4/L5 with some disc bulging only without neural foraminal stenosis. He apparently did not do well, never having relief of his radiculopathy. He subsequently had complaints of pain down both legs. A myelogram with post CT scan performed on 12/02/09 showed some moderate neural foraminal stenosis at L4/L5 but no nerve root compression and normal right-sided neural foramen. Current request is for discectomy and fusion.

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

The medical records in this patient's case do not show any evidence of instability -- instability is a criterion for fusion under the ODG Guidelines. In addition, this patient has not had two prior discectomies, which is also a criterion for the ODG Guidelines. The records show that the patient did not do well after the original lumbar laminectomy. He has left leg pain as well

as right leg pain with no obvious reason for his right leg pain. All the pain generators appear not to have been isolated in this case, which is another guideline that has not been met. This patient does not fulfill the criteria necessary to be a candidate for a lumbar fusion per the ODG. There is no explanation provided as to why the ODG should not be followed in this case. The reviewer finds that medical necessity does not exist for lumbar laminectomy with fusion and Instrumentation at L4/5 with a one-day inpatient length of stay.

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)