Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/23/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Revision procedure from L2 to L5 and at 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:

[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Guidelines and Treatment Guidelines
CT Myelogram, 9/4/09
CT Scan of the Lumbar Spine with and without contrast, 8/7/09
Addendum, 9/13/10
Dr. 9/14/09
Dr. 10/16/09-8/31/10
Bone Density Study, 2/27/09
Dr. 2/17/09-10/12/10
Operative Report, 7/6/09
Lab, 2/17/09
Dr. 12/8/09
Peer Review, 6/22/09
4/22/09

PATIENT CLINICAL HISTORY SUMMARY
This is a patient who is xx and underwent lumbar fusion. The patient has had various diagnoses, depending on whether they have seen an orthopedic or pain specialist. The pain specialist felt that the pain was facet-mediated, and the orthopedic specialist felt it was from the pseudoarthrosis. This review is for exploration of fusion and extension of fusion.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The reviewer finds that medical necessity does not exist for Revision procedure from L2 to L5 and at L5-S1. As a general rule pseudoarthrosis of the spine are, in fact, asymptomatic. As a general principle of the ODG Guidelines, criteria for fusion is that all pain generators need to

have been identified and isolated. In this case, while the greater weight of the medical evidence does suggest that this patient has a pseudoarthrosis, there has not been an attempt to isolate this as a pain generator by the use of pseudoarthrosis blocks. If this information were available, it may well be that this patient would, in fact, conform to the ODG screening criteria for lumbar fusion. However, the extension of the fusion is certainly in question as the ODG certainly does not recommend fusion of more than two segments within the lumbar spine. It is for these reasons that upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)