

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: Apr/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Purchase of Simmons Fayette Orthopaedic Bed, Mattress and Box Spring

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

Official Disability Guidelines
Medical Necessity Form, 12/20/10
Office Visits, Dr. 08/31/10, 11/30/10
Review Dr. 12/21/10
Review, Dr. 12/27/10
Note on Phone Consultation, 11/10/10
Operative Report, 07/08/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a work-related injury date of xx/xx/xx; being evaluated for a request for a Simmons Fayette Orthopedic bed mattress and box spring. The claimant's records contain an 11/30/10 orthopedic evaluation indicating the claimant had previous lumbar spine surgery on 07/08/10 and is 22 weeks post-op. The claimant's chief complaint is continued pain into the right leg and pain about the EBI transmitter unit. X-rays of the lumbar spine to include flexion and extension views revealed L4-5 and L5-S1 decompression with global instrumented arthrodesis with good new bone formation with the EBI transmitter unit electrodes on the right with no motion on flexion and extension views. The claimant's examination revealed equal and symmetrical knee, ankle jerks, an absent posterior tibial tendon jerk and no gross motor deficit or atrophy. The assessment is status post lumbar spine reconstruction and chronic pain syndrome. The recommended treatment is to proceed with a bone growth stimulator removal. An additional medical necessity form from the treating physician of 12/20/10 indicates the requested items to include Purchase of Simmons Fayette Orthopaedic Bed, Mattress and Box Spring with the reasoning as status post lumbar arthrodesis.

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

Official Disability Guidelines low back chapter states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual

factors.” Taking into consideration the above evidence-based data stating there are no high quality studies to support purchase of specialized mattress or bedding, the current request for purchase of a Simmons Fayette Orthopedic bed mattress and box spring can therefore not be considered medically necessary. The reviewer finds that there is no medical necessity for Purchase of Simmons Fayette Orthopaedic Bed, Mattress and Box Spring. 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

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)