

Wren Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/04/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

In-patient Lumbar Laminectomy at the level of L5-S1 63048 63047 and one day length of stay

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

MD, Board Certified Neurosurgeon

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

2/14/11, 3/4/11

M.D. 1/20/11-2/22/11

NCV/EMG Study 1/14/11

Orthopaedic Surgery Group 7/13/10-8/10/10

M.D. 6/11/10-11/17/10

M.D. 9/16/10

Technologies 1/5/11

Treatment Clinic 1/3/11-6/11/11

Chiropractic Center 8/11/10-11/19/10

Medical Center 7/16/10

1/6/11

Official Disability Guidelines, Low Back, Lumbar & Thoracic

PATIENT CLINICAL HISTORY SUMMARY

This is a male with a date of injury xx/xx/xx when he was lifting a heavy generator. He complains of low back pain with pain radiating to the right leg. He has undergone physical therapy, epidural steroid injection, and chiropractic therapy, TENS unit, medications, and massage. His physical examination shows a positive straight-leg raising on the right, absent Achilles reflex, and decreased sensation in the right L5-S1 dermatome. A right partial foot drop is documented on 01/20/2011. Electrodiagnostic studies 01/14/2011 revealed acute L4 and L5 radiculopathies bilaterally. An MRI of the lumbar spine 07/13/2010 shows bilateral foraminal narrowing at L4-L5, mild bilateral foraminal narrowing, right greater than left at L3-L4. At L5-S1 there is a small left central disc protrusion with mild spinal canal stenosis. There is no foraminal narrowing. The provider is requesting an in-patient lumbar laminectomy at the level of L5-S1.

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

The reviewer finds that In-patient Lumbar Laminectomy at the level of L5-S1 63048 63047 and one day length of stay is not medically necessary. There is no discrete disc herniation or significant neuroforaminal narrowing on the most recent imaging studies, to correlate with the patient's complaints and physical findings. According to the ODG, "Low Back" chapter, "concordance between radicular findings on radiologic evaluation and physical exam findings" should be present in order for a lumbar discectomy to be medically necessary. It is unclear that the L5-S1 level is responsible for the claimant's symptoms. Therefore, the in-patient Lumbar Laminectomy at the level of L5-S1 63048 63047 and one day length of stay is not medically necessary.

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)