

Wren Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar L3-4-5-S1 revision laminectomy, discectomy, arthrodesis with cages, posterior instrumentation, implantation of bone growth stimulator (EBI); L4-5, removal of posterior instrumentation L4-5, 2 day inpatient 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

12/30/10, 1/7/11
Official Disability Guidelines
MD 12/20/10-12/21/10
Spine and Rehabilitation Institute 9/14/10
11/10/08
Radiology 2/20/08
MD 4/20/06 -11/26/07
Health Care 5/16/07
M.D. 9/26/06
Orthopaedic Institute, LLC 1/26/07, 8/10/07

PATIENT CLINICAL HISTORY SUMMARY

This is a male with a date of injury xx/xx/xx, when he lost control of his pick-up truck and hit a mini-van. He is status post L4-L5 fusion 05/16/2007. He did not improve after this surgery. He complains of low back pain greater than leg pain, which is worse on the right. He has undergone an exercise program, epidural steroid injections and medications. His neurological examination 2/21/2010 shows a hypoactive knee jerk on the right, as well as hypoactive ankle jerk on the right, weakness of the gastrosoleus and tibialis anterior on the right. He smokes 4-5 cigarettes per day, but has promised that he will stop. A CT of the lumbar spine 11/10/2008 shows some lucency through the posterior lateral fusion mass on the right. There is a small central disc bulge at L5-S1 that could affect the S1 nerve roots in the lateral recess. At L3-L4 there is a mild central spinal stenosis and disc bulge at L3-L4. The provider is requesting an L3-L4, L4-L5, and L5-S1 revision laminectomy, discectomy, arthrodesis with cages, posterior instrumentation, implantation of bone growth stimulator, L4-

L5 removal of posterior instrumentation and 2-day inpatient stay.

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

The requested surgery (Lumbar L3-4-5-S1 revision laminectomy, discectomy, arthrodesis with cages, posterior instrumentation, implantation of bone growth stimulator (EBI); L4-5, removal of posterior instrumentation L4-5, 2 days inpatient stay) is not medically necessary. While there may be a pseudoarthrosis at L4-L5, there have been no imaging studies performed since 11/2008. It is unclear that he is symptomatic from the L3-L4 and L5-S1 levels, based on the imaging studies. It is not evident that any additional revision surgery will be helpful for him. 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)