

# 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:** Dec/22/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

L3-5 bilat discectomy w/ interbody fusion w/ 3 days LOS 63047-63048-22630-22851-22632

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

MD, Board Certified Neurosurgeon with additional training in pediatric neurosurgery

**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**

Preauthorization Determinations, 11/10/10, 12/1/10  
M.D. 8/5/10 to 11/9/10  
8/10/10 to 8/17/10  
Imaging Centers 8/3/10  
Official Disability Guidelines and Treatment Guidelines

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male with a date of injury xx/xx/xx. He complains of low back pain and bilateral hip and leg pain. It is mainly in his left leg. He has undergone epidural steroid injections and medications. An MRI of the lumbar spine 08/03/2010 shows a 7mm disc protrusion at L3-L4 with moderate spinal stenosis and mild bilateral foraminal stenosis and mild facet arthrosis. There is also a 7mm disc protrusion at L4-L5 with moderate left foraminal stenosis, mild-to-moderate spinal stenosis, and mild facet arthrosis. There are some moderate degenerative disc changes. His neurological examination 10/28/2010 reveals tenderness to palpation over the left sacroiliac joint, positive straight leg-raising on the left, and hypesthesia over the left great toe. The provider is requesting an L3-L5 bilateral discectomy with interbody fusion with a 3-day length of stay and codes: 63047, 63048, 22630, 22851, and 22632.

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

The proposed surgery (L3-L5 bilateral discectomy with interbody fusion with a 3-day length of stay and codes: 63047, 63048, 22630, 22851, and 22632) is not medically necessary. Firstly, it does not appear that the claimant has exhausted all conservative therapy, including manual therapies, such as physical therapy and/or chiropractic therapy, for his pain. No mention is made of any of these modalities. According to the ODG, "Low Back" chapter,

“All physical medicine and manual therapy interventions” should be “completed” prior to a lumbar fusion. Also, the claimant appears to have an L5 radiculopathy and it is unclear why a fusion as opposed to a decompression, is medically necessary. Lastly, the claimant has not undergone a psychological evaluation, as recommended by ODG. The claimant’s condition does not meet ODG criteria for a lumbar fusion. For these reasons, then, the reviewer finds that L3-L5 bilateral discectomy with interbody fusion with a 3-day length of stay and codes: 63047, 63048, 22630, 22851, and 22632 is not medically necessary for this patient at this time.

**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)