



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Network (WCN)

03/08/2011

MEDWORK INDEPENDENT REVIEW DECISION (WCN)

DATE OF REVIEW: 03/08/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L4-L5 laminectomy, fusion, instrumentation, one day length of stay and purchase of TLSO brace

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

Texas State Licensed MD Board Certified Orthopedic Surgeon & Spine 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Assignment to 02/16/2011
2. Notice of assignment to URA 02/16/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 02/16/2011
4. Company Request for IRO Sections 1-6 undated
5. Request For a Review by an IRO patient request 02/08/2011
6. Insurance 02/01/2011, Utilization Review Referral Appeal 01/13/2011, Insurance Appeal, Physician Letter 01/10/2011, Insurance 12/16/2010, Utilization Review Referral 12/09/2010, Physician Letter 12/02/2010, Medicals 11/19/2010, Physician Letter 10/18/2010, Medicals 10/05/2010, 04/13/2010, Chart Notes
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

Claimant had a lifting injury in xx/xxxx. He subsequently has had investigations to include plain x-rays, myelogram, and CAT scan. He has previously undergone surgery. Although the surgeon has referred to "obvious instability," there is no documentation of that in any of the records.



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Indeed, plain x-rays carried out are interpreted as normal. A myelogram and CT scan carried out show a lysis at L5 with no spondylolisthesis. At L4-L5 there is only a description of a bulging disk. Review request is for L4-L5 laminectomy, fusion, instrumentation, one day length of stay and purchase of TLSO brace.

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

Using Official Disability Guidelines, there is no indication for this patient to undergo the requested L4-L5 laminectomy, fusion, instrumentation, one day length of stay and purchase of TLSO brace. Instability should be demonstrated on flexion-extension films. The review records are insufficient and are not supportive with the ODG recommendations for the requested L4-L5 laminectomy, fusion, instrumentation, one day length of stay and purchase of TLSO brace; therefore, the insurer's decision to deny is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCP- 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)