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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L1-2, L3-S1 revision lumbar laminectomy, discectomy L4-S1 arthrodesis with cages, posterior instrumentation, with two-day inpatient stay

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

MD, 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

Pre surgical screening: 09/15/10

Dr.: 10/12/10, 11/16/10, 12/14/10

Dr.: 11/01/10, 12/14/10

MRI Report: 11/02/10

X-ray Report of Lumbar spine: 11/15/10

EMG/NCV Report: 11/17/10

PT Initial Evaluation: 02/16/11

Dr.: 03/01/11

Peer Review: 03/31/11, 04/11/11

ODG

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury to his low back on xx/xx/xx when he caught a 68 inch plasma television as it slid out of its bracket. The claimant has had four previous back surgeries. The last one was in August of 2008. An MRI of his lumbar spine on 11/02/10 showed a four-millimeter disc protrusion that flattened the thecal sac at L1-2. At L3-4 there was a four-millimeter foraminal and far lateral disc protrusion seen with a radial tear in the outer annulus. Moderate narrowing of the right neuroforamen was present as well as moderate canal stenosis. At L4-5 there was severe disc space narrowing with segmental instability seen. A four-millimeter disc bulge flattened the thecal sac with mild central canal stenosis. There was severe narrowing of the right with moderate narrowing of the left neuroforamen present. X-rays of the claimant's lumbar spine including flexion and extension on 11/15/10 showed degenerative disc disease and changes of lumbar spondylosis at L4-5. An EMG/NCV of his lower extremities on 11/17/10 revealed evidence of acute L5 radiculopathy on the right with mild L4 nerve root irritation on the left. There were also chronic changes at the L5 and S1 levels bilaterally. The claimant saw Dr. on 03/01/11 for a surgical consult. The claimant complained that his back pain was worse than his leg pain. He also complained of bladder and bowel dysfunction. On examination, the claimant had a positive flip test bilaterally, a positive LaSegue's on the left and a positive straight leg raise on

the right at 75 degrees that caused pain in his back and left extremity. He had a hypoactive knee jerk on the left, absent tibial tendon jerks bilaterally and a hypoactive ankle jerk on the left. He had paresthesias in the L5 and S1 nerve root distribution bilaterally and in the L4 nerve root distribution on the left. The claimant had weakness of his gastroc-soleus, quadriceps and tibialis anterior on the left and of the extensor hallucis longus on the right.

Dr. recommended a L1-2, L3-S1 revision lumbar laminectomy/discectomy and a L4-S1 arthrodesis with cages posterior instrumentation. This was noncertified in two peer reviews because of the lack of documentation of conservative care.

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

The requested L1-2, L3-S1 revision lumbar laminectomy, discectomy L4-S1 arthrodesis with cages, posterior instrumentation, with two-day inpatient stay is not found by this reviewer to be medically necessary based on the information provided. The records indicate that this claimant has already undergone four previous back surgeries. The claimant has a history of chronic pain and has symptoms, exam findings, electrodiagnostic findings, and imaging findings that are consistent with symptomatic radiculopathy. Radiographs from 11/15/10 showed disc space narrowing at L4-5 with preservation of the disc spaces at other levels and no pathological movement on flexion/extension views. It is unclear why the treating surgeon wishes to fuse the L5-S1 level based on the information provided and the lack of significant disc pathology or instability at that level by radiographs. Furthermore, as previous reviewers have noted, the records fail to document the claimant's prior conservative care. Though the treating physician suggested the claimant had failed conservative care for six years, it is not clear what type of conservative care has been rendered and what type of recent conservative treatment has been given to this claimant. This claimant has received four prior lumbar spine surgeries, and it is not clear what recent treatment has been given or if conservative treatment has been rendered since the most recent surgical intervention.

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 KNOWLEDGBASE
- 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)