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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Surgery PLDF L4-S1

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

M.D., 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

Official Disability Guidelines

Request for IRO 09/30/11

Request for IRO 09/26/11

Utilization review determination 09/21/11

Utilization review determination 09/26/11

Clinical records Dr. 05/25/11

MRI lumbar spine 04/11/11

Clinical records Dr. 04/13/11

Partial psychological evaluation 10/04/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx, which resulted in complaints of low back pain and bilateral lower extremities pain. The mechanism of injury is not described. On 04/11/11 the claimant underwent MRI of the lumbar spine, which was compared against a pre-injury MRI dated 06/30/10. It is reported that at T12-L1 there is the new development of the degenerative disc with a 5mm posterior focal disc protrusion without extrusion or without involvement of the exiting nerve roots. At L1-2 there is evidence of a 5mm posterior focal disc protrusion without extrusion or without involvement of the exiting nerve roots unchanged from the prior examination. At L2-3 there is the development of a degenerative right and left posterolateral spondylitic disc protrusion with minimal impression upon the respective neural foramina and no involvement of the exiting right and left nerve roots of L4. At L3-4 and L4-5 there are previously described changes, which remain stable and are essentially unchanged as well as at L5-S1.

On 04/13/11 the claimant was seen by, Dr. The claimant reports his pattern of symptoms is worsening. He has been working regular duty. He takes his medication and notes some relief. He complains of popping and crackling in both knees. He describes his pain as 10/10 in the low back 6/10 in the neck and 9/10 in the legs. He has diagnosis of lumbar radiculopathy, strain and internal derangement of the knee right knee contusion and hand contusion.

On 05/25/11 the claimant was seen by, Dr. The claimant presents for evaluation of back pain

due to new work related injury. He reports that he was injured xx years ago. The incident occurred on xx/xx/xx when he severely strained an injured his lower back. At that time he felt a very distinct pain and snap in his low back. He's had chronic progressive low back pain with bilateral lower extremities radiculopathy and paresthasias.

He reports a stabbing pain lowering radiating down his bilateral lower extremities. He has undergone epidural steroid injections, physical therapy, and pain management with no benefit. On physical examination he is noted to be 5'10" tall and weigh 242 pounds. Motor strength is graded as 5/5 bilaterally with the exception of bilateral dorsiflexors and EHL are graded as 4-/5. Sensation is decreased in the lateral calves. Deep tendon reflexes are absent at the bilateral Achilles. He has negative Hoffman's. Straight leg raise is positive bilaterally. Dr. has seen the claimant in the past and offered surgery. However due to personal reasons he is unable to undergo the operation. Dr. has recommended a PLDF L4 through S1 possible L3 through S1.

The claimant was seen in follow up on 07/26/10. There are no significant changes in his clinical presentation. Surgical intervention is again recommended.

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

The request for PLDF L4 through S1 is not supported as medically necessary. The submitted clinical records indicate that the claimant has a longstanding history of low back pain unrelated to the compensable event. It is noted that he has findings on MRI that are new when compared to the pre-injury MRI. This study notes new findings at L1-2 and L2-3. The remaining findings are unchanged and incorporate a portion of the requested operative level. The records provide no lumbar flexion or extension radiographs to establish instability at the recommended surgical levels. The records do not provide sufficient supporting documentation to establish the failure of conservative care. The records contained a single page of a psychiatric evaluation, which is insufficient to determine the claimant's mental state. Given the absence of appropriate supporting documentation, noting the lack of instability and pre-operative psychological evaluation and other issues regarding operative levels the request for PLDF L4 through S1 cannot be recommended as medically necessary as it fails to meet Official Disability Guidelines.

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)