



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

08/30/2011

MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 08/30/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

4 day inpatient stay for XLIF L4-5; post lumbar decompression and fusion at L4-S1

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 08/12/2011
2. Notice of assignment to URA 08/12/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 08/12/2011
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 08/11/2011
6. letter 06/28/2011, 05/16/2011, medicals 07/08/2011, 06/28/2011, 06/10/2011, 05/27/2011, 05/04/2011, 04/12/2011, 03/16/2011, 01/14/2011, 10/06/2010, 06/23/2010, 06/10/2010, 02/22/2010, 01/22/2010, 07/13/2009, 06/30/2009, 05/08/2009, 04/03/2009, 03/12/2009, 01/16/2009, 01/16/2009, 11/10/2008, 10/17/2008, 09/29/2008, 09/17/2008, 12/17/2007, 05/10/2007
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

Patient has an injury date of xx/xxxx. This patient underwent surgery and the operative note indicates that surgery was performed at the L5-S1 level. Indeed, following that aforementioned surgery, the patient had an MRI scan, which confirmed postoperative changes at L5-S1. The attending physician indicated that the patient now had developed a spondylolisthesis at L5-S1. This is despite the fact of any third-party or outside radiology imaging confirming that



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spondylolisthesis. An MRI scan was undertaken. There was no mention or indication of any spondylolisthesis either at L4-L5 or at L5-S1. Review records state that the attending physician indicates that there was a spondylolisthesis at L4-L5 ranging between 2-6 mm on flexion-extension films and a spondylolisthesis at L5 on S1 measuring 5-10 mm on flexion-extension films. There is a note by the attending physician that psychological evaluation was going to be obtained. There isn't a psychological evaluation in the records submitted. Review request is for 4 day inpatient stay for XLIF L4-5; post lumbar decompression and fusion at L4-S1.

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

The recommendations of the Official Disability Guidelines state that there needs to be a psychological assessment, as well as outside radiology flexion-extension films confirming instability as defined by ODG at L4-L5 and at L5-S1. The records presented for review are not in support of the ODG recommendations. Referring to the Official Disability Guidelines along with the review records, this claimant does not fulfill ODG recommendation for the requested 4 day inpatient stay for XLIF L4-5; post lumbar decompression and fusion at L4-S1; therefore, the insurer's decision to deny the requested 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
- 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)