



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION

DATE OF REVIEW: 9/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Laminectomy L4-5, (63047, 63048, 22612, 22842, 20936), L5-S1 Posterior Lumbar Fusion L4-5, Instrumentation ICBG.

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

[PROVIDE FOR EACH HEALTH CARE SERVICE IN DISPUTE]

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 09/14/2011
2. Notice of assignment to URA 09/14/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 09/14/2011
4. Company Request for IRO Sections 1-3 undated
5. Request For a Review by an IRO patient request 09/13/2011
6. 09/14/2011, 09/13/2011, Insurance 9/08/2011, 8/16/2011 Medicals 09/02/2011, 08/03/2011, 08/01/2011, 07/28/2011, 07/11/2011, 07/06/2011, 06/21/2011, 06/01/2011, 05/11/2011, 05/03/2011, 04/29/2011, 04/27/2011,
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY

The patient has had ongoing complaints of neurogenic claudication from spinal stenosis. He has failed nonoperative management, including medication and an epidural steroid injection. A CT myelogram was carried out on July 28, 2011. This shows spondylolisthesis at L4 on L5. There is stenosis at L4-L5 and at L5-S1. He has had x-rays carried out, including flexion-extension views. He translates 6 mm on flexion and extension. He opens 18 degrees between flexion and extension.



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



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

As per Official Disability Guidelines, this man fulfills all criteria for the requested surgery. He requires a decompression at L4-L5 and L5-S1 to control complaints of neurogenic claudication.

He requires surgical stabilization with a fusion because of demonstrable instability with the spondylolisthesis at L4 and L5: therefore, previous adverse determination is overturned. It would be reasonable for this patient to undergo a lumbar laminectomy at L4-L5 and L5-S1 together with a posterior lumbar fusion at L4-L5, instrumentation, and iliac crest bone grafting.

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)