

Wren Systems

An Independent Review Organization
3112 Windsor Road #A Suite 376
Austin, TX 78703
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sep/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

(27094) Right L5-S1 lysis of adhesions with fluoroscopic 62264 99144 77003

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

MD, Board Certified Anesthesiologist/Pain Management

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
MRI lumbar spine dated 10/26/09
EMG/NCV study dated 12/28/09
Clinical records Dr. 10/20/10 to 07/21/11
Physical therapy progress notes 8/26/10 to 10/15/10
Peer review Dr. dated 08/30/10
Clinical records Dr. 12/28/09 to 05/05/11
Psychiatric evaluation dated 10/27/10
Work conditioning progress notes 10/29/10 to 12/21/10
Functional capacity evaluation dated 11/24/10
MRI lumbar spine dated 12/22/10
Designated doctor analysis letter dated 02/02/11
MRI lumbar spine dated 06/13/11
Clinical records Dr. 7/19/11 to 08/01/11
Utilization review determination dated 07/27/11
Utilization review determination dated 08/09/11
Request for IRO dated 08/30/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have sustained work related injuries on xx/xx/xxxx as result of picking up a child. She was referred for MRI of lumbar spine on 10/26/09. This study noted no abnormalities from L1-2 through L4-5. At L5-S1 there is a large right paracentral disc protrusion approximately 2 cm width and 1 cm AP dimension with severe central canal stenosis with marked displacement or impingement on S1 nerve roots right greater than left. The claimant underwent EMG/NCV on 12/28/09, which did not suggest any radiculopathy or neuropathy but showed signs of sciatica. On 06/11/10 Dr. performed a right L5-S1 microdiscectomy and decompression. Records indicate the claimant underwent epidurals prior to surgery without relief. Postoperatively she was referred for physical therapy. She later was referred for work conditioning / hardening. Records indicate the claimant completed the entire program. She was noted to have continued moderate back

pain with some leg pain, numbness and tingling. On 02/22/11 Dr. reported that the claimant's S1 radiculopathy has worsened especially at night. She has no symptoms on the left side. She reported falling down in the store. She is recommended to undergo a repeat MRI of lumbar spine. On 05/13/11 the claimant is reported to have tenderness, reduced range of motion. Straight leg raise is positive at 45 degrees bilaterally which is a new finding. Reflexes are intact. She has trouble with heel toe walking. A repeat MRI of lumbar spine was performed on 06/13/11.

This study notes a minimal bulging disc at L3-4, very mild facet joint arthropathy at L4-5 with evidence of right sided laminotomy with mild right epidural scarring which shows diffuse enhancement and is surrounding the right S1 nerve root. There is no significant deformity of the thecal sac. There is a very small disc protrusion at surgical site. No free fragments were identified. There were no findings to suspect arachnoiditis. When seen in follow up on 06/15/11 Dr. suggests a repeat EMG/NCV study which was approved for EMG only on utilization review. The claimant was seen by Dr. on 07/19/11 at which time she was felt to be a good candidate for right L5-S1 lysis of adhesions. The initial review was performed on 07/28/11. At this time Dr. non-certifies the request. A subsequent appeal request was reviewed by Dr. on 08/09/11.

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

The records indicate that this claimant underwent an L5-S1 microdiscectomy secondary to work related injury. She has undergone post-operative treatments that have included a work hardening conditioning program. She continues to have low back pain with intermittent radicular symptoms. The most recent MRI of the lumbar spine clearly shows the development of adhesions surrounding the exiting nerve root. Based on this information, the reviewer finds there is a medical necessity for (27094) Right L5-S1 lysis of adhesions with fluoroscopic 62264 99144 77003.

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)**