Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/19/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Hardware removal @ L5-S1, laminectomy @ L4-5 bilaterally w/ 3 day inpatient stay

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic spine surgeon, practicing neurosurgeon

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines
Adverse determination from physician advisor 01/09/12
Adverse determination reconsideration request from physician advisor 01/26/12
Pre-certification request 01/03/12
Office visit / progress notes 11/11/10-12/01/11
Psychological evaluation 12/28/11
MRI lumbar spine 06/11/10
Precertification request 01/19/12
Worker's comp verification form 11/30/11

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male whose date of injury is xx/xx/xx. He injured his low back. He had lumbar fusion, L5-S1. MRI lumbar spine from 06/11/10 revealed postsurgical changes at L5-S1; mild L4-5 spinal canal narrowing; mild bilateral L4-5 neural foraminal narrowing; possible left L5-S1 neural foraminal narrowing. On 12/01/11 the claimant was seen for follow-up of low back and buttocks or leg pain. He stated that his pain radiates from low back into bilateral legs, right worse than left. He is 68 inches tall and 256 lbs. Lumbar spine exam reported paraspinal palpation with positive tenderness and spasms. Strength testing reported dorsal ankle flexion 4/5 on right. Sensation is intact to light touch and decreased sensation to light touch entire right leg. Straight leg raise is positive bilaterally. Gait is limited by pain using cane. Assessment was transitional syndrome with instability at L4-5. The claimant was recommended to undergo surgical treatment with fusion at L4-5.

A request for inpatient hardware removal at L5-S1, and laminectomy at L4-5 bilaterally with 3-day inpatient stay was reviewed on 01/09/12. Electromyography reportedly revealed L4-5 radiculopathy. The claimant was evaluated on 12/01/11 for low back, buttock, and bilateral leg pain right greater than left. Examination revealed right dorsiflexion strength 4/5, decreased sensation to entire right leg, and positive bilateral straight leg raise. It was stated lumbar spine x-ray revealed flexion / extension 10 degrees which was at upper range of

motion and lower range of abnormal for sagittal plane motion and borderline instability. It was noted the claimant had transitional syndrome with instability at L4-5, previous fusion at L5-S1, and increased stresses at L4-5. Radiographic findings demonstrated moderate spinal stenosis with facet joint changes at L4-5. Fusion was planned at L4-5. Psychological evaluation stated the claimant was okay for surgery, and recommended an antidepressant. The reviewer noted the most recent MRI available for review appears to be a 06/10 study, which only revealed mild foraminal narrowing at L4-5 and mild central narrowing.

A reconsideration/appeal request was reviewed on 01/26/12. The reviewer noted that previous denial indicates the original request was for extension of fusion to incorporate the L4-5 level. Previous reviewer noted that MRI showed minimal pathology at L4-5 level and there were no independent flexion/extension radiographs to establish instability at the requested surgical level. In the absence of clear evidence of instability at the L4-5 level the previous determination was upheld. It was noted that the claimant may be a candidate for simple decompression at the L4-5 level.

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

Although the request as submitted for review indicates laminectomy at L4-5 bilaterally, according to notes the proposed surgery was for extension of fusion to the L4-5 level. noted transitional syndrome with instability at L4-5; however, there were no flexion extension films provided with objective evidence of motion segment instability. Moreover the only imaging study provided was from 06/11/10 and revealed only mild spinal canal narrowing and mild bilateral neural foraminal narrowing at L4-5. Given the clinical data provided, with no current imaging studies including independent evaluation of flexion extension radiographs objectively establishing motion segment instability, the reviewer finds no medical necessity for Hardware removal @ L5-S1, laminectomy @ L4-5 bilaterally w/ 3 day inpatient stay.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)