

# Wren Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Oct/22/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

L4-5, L5-S1 Bilateral ALIF/PISF w/ assist surgeon, 4 days inpatient

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

M.D., Board Certified Orthopedic Surgeon  
Spine surgeon, practicing 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** The reviewer finds medical necessity does not exist for the requested L4-5, L5-S1 Bilateral ALIF/PISF w/ assist surgeon, 4 days inpatient.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
MRI lumbar spine 01/04/12  
Designated doctor evaluation 08/29/12  
Physical therapy notes 12/19/11-07/02/12  
Clinical notes Center 01/09/12-08/30/12  
Operative report 02/08/12  
MRI lumbar spine 07/16/12  
Psychological evaluation 08/30/12  
Laboratory report 09/15/12  
Prior reviews 08/06/12 and 09/24/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who has been followed for chronic low back pain after helping lift a piece of equipment in xx/xx. He had physical therapy in 12/11 and 01/12. The claimant utilized muscle relaxers and anti-inflammatories with no significant improvement. The claimant underwent bilateral partial L4-5 laminectomy and a right partial laminectomy at L5-S1 on 02/08/12. The claimant was able to slowly reduce narcotic medications post-operatively. The claimant initiated post-operative physical therapy in 04/12. Follow up on 07/05/12 at the Center stated that the claimant has had increasing levels of low back pain

with some continuing radiating pain through the right lower and left lower extremity. Physical examination revealed no evidence of focal neurological deficits. The claimant was recommended for repeat MRI studies which were completed on 07/16/12. The study revealed facet changes contributing to foraminal encroachment of the L4 nerve roots. Fibrotic tissue formation was noted at the site of the prior decompressive laminectomy at L4-5. There was a left paracentral disc herniation measuring 8-9mm effacing the thecal sac above the L5 nerve root sleeve origins. At L5-S1 there was epidural fibrosis in the laminectomy bed with a right paracentral disc protrusion measuring under 3mm causing no mass effect of the thecal sac. Lateral recess stenosis with hypertrophic facet changes present encroaching on the exiting right L5 nerve root. Radiographs were stated to show retrolisthesis at L4-5. However, no flexion or extension view radiographs were submitted for review. Clinical follow up on 08/30/12 stated the claimant continued to have chronic low back pain and lower extremity pain.

Claimant was noted to be an active smoker. Physical examination was not performed. Claimant indicated he did discontinue smoking. The claimant underwent a psychological evaluation on 08/30/12, which revealed no contraindications to surgical intervention from a psychological perspective. Laboratory reports dated 09/15/12 were negative for nicotine. The request for L4-5 and L5-S1 anterior and posterior fusion and laminectomy was denied by utilization review on 08/06/12 as there was no documentation regarding segmental instability or evidence of a progressive neurological deficit. There was also no indication regarding psychological screening. The request was again denied by utilization review on 09/24/12 as there was no documentation regarding segmental instability.

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

The claimant underwent prior decompressive laminectomies at L4-5 and L5-S1 in 02/12. MRI studies from 07/12 revealed persistent disc protrusions at L4-5 and L5-S1 with some nerve root encroachment. The clinical documentation indicates that there is segmental instability at L4-5. However, there are no flexion extension radiograph studies provided for review documenting evidence of clinical instability at L4-5. There was also no evidence of clinical instability at L5-S1 that would support the requested fusion procedures. The claimant complains of persistent radicular pain. However, there was no component of progressive neurological deficits in the lower extremities that would support decompression at this time and there was no evidence of significant canal stenosis noted on the MRI studies. The clinical documentation provided for review does not meet current evidence based guideline recommendations for the requested surgical services, the requested assistant surgeon and four day inpatient stay. The reviewer finds medical necessity does not exist for the requested L4-5, L5-S1 Bilateral ALIF/PISF w/ assist surgeon, 4 days inpatient.

**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)