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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Dec/20/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Appeal L5-S1 posterior fusion, exploration of fusion, hardware removal and intraoperative nerve test with 1 day inpatient stay

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D. Board Certified Neurosurgery

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. It is the opinion of the reviewer that the requested appeal L5-S1 posterior fusion, exploration of fusion, hardware removal and intraoperative nerve test with 1 day inpatient stay would not be supported as medically necessary and the prior denials are upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
MRI lumbar spine 08/12/08
Procedure note 10/07/09
Clinical note 10/20/09-09/10/12
Operative procedure note 11/11/09
Operative report 02/16/10
Clinical note 05/25/10-08/30/12
MRI lumbar spine 08/31/10
Behavioral medicine evaluation 02/22/11
Operative report 06/21/11
Prior reviews 10/30/12 and 11/21/12

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who was status post L5-S1 laminectomy in 02/10 and L5-S1 discectomy with anterior and posterior lumbar interbody fusion with anterior lumbar with anterior interbody and posterolateral lumbar fusion on 06/21/11. Post-operatively, the patient reported improvements, however. The patient continued to report significant right lower extremity paresthesia and L5 dermatome. The patient was placed on Lyrica and Ultram and hydrocodone for pain and neuropathic symptoms. Radiograph studies on 11/07/11 were stated to show no evidence of hardware failure or migration at L5-S1. Follow up on 06/11/12 stated that the patient continued to report back pain radiating to the right lower extremity with associated weakness. Physical

examination at this visit revealed mild weakness in the right hamstrings and mild to moderate weakness at the right anterior tibialis and extensor halluc longus. The patient also reported tenderness to palpation over the pedicle screws at L5-S1 at the right and hardware blocks were recommended. Follow up on 09/10/12 stated that the patient had no response to hardware blocks. The patient continued to report or continued to demonstrate right lower extremity weakness at the anterior tibialis extensor halluc longus and right gastrocsoleus. Paresthesia was reported in a right L5 dermatome. The patient was recommended for hardware removal. The request for lumbar hardware removal was denied by utilization review on 10/30/12 as there was no clear clinical documentation regarding diagnostic response to hardware blocks. Physical examination findings were not consistent with symptomatic hardware and intraoperative monitoring was not recommended for hardware removal or was not indicated for hardware removal. The request was again denied by utilization review on 11/21/12 as there was limited evidence of and as there were limited expectations regarding functional improvement. There were also no updated imaging studies demonstrating evidence of pseudoarthrosis requiring revision of the previous fusion.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: Per the clinical documentation, it is unclear what if any response the patient had with diagnostic hardware blocks. There are also no updated imaging studies of the lumbar spine demonstrating evidence of failure of the hardware or other evidence of pseudoarthrosis that would reasonably require a revision fusion procedure as well as exploration of fusion graft. Given the lack of any updated imaging studies documenting complications from the prior fusion, it is the opinion of the reviewer that the requested appeal L5-S1 posterior fusion, exploration of fusion, hardware removal and intraoperative nerve test with 1 day inpatient stay would not be supported as medically necessary and the prior denials are upheld.

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)