

DATE OF REVIEW:

08/13/2007

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Back Surgery CPT 22852.

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

Board Certified Orthopaedic Surgeon

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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.

The requested medical procedure (Back Surgery CPT 22852) is not medically reasonable and necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 08/01/07
- MCMC Referral dated 08/01/07
- DWC: Notice to MCMC, LLC of Case Assignment dated 08/19/07 from
- DWC: Notice To Utilization Review Agent Of Assignment Of Independent Review Organization dated 07/30/07 from
- DWC: Confirmation Of Receipt Of A Request For A Review dated 07/25/07
- Reports dated 07/17/07, 06/11/07, 05/23/07
- LHL009: Request For A Review By An Independent Review Organization dated 07/09/07
- Letters dated 06/08/07, 05/22/07
- M.D.: Report dated 05/22/07
- M.D.: Precertification Requests dated 05/18/07, 05/05/07
- Operative Report dated 01/21/04 from, M.D.
- M.D.: Office notes dated 12/09/03 through 05/08/07
- MRI lumbar spine dated 09/10/03
- M.D.: Physical Therapy Referral Form dated 09/20

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a who was reported to have sustained a work-related injury on xx/xx/xx. The mechanism of injury was actually an activity of daily living. He was showing a customer a car and went to take a seat. He reportedly felt a snap in his back associated with severe pain radiating into his right lower extremity with numbness. Treatment included physical therapy, chiropractic care, lumbar epidural steroid injection, and medication. MRI showed a grade 1 spondylolisthesis with degenerative

changes and significant foraminal stenosis. He was eventually seen by M.D. Dr. performed a laminectomy at L5 with bilateral lateral recess decompression, transforaminal posterior lumbar interbody fusion at L5-S1, interbody cage instrumentation L5-S1, posterior fusion L5-S1 with monarch pedicle screw instrumentation at L5-S1 and posterior iliac bone graft on 01/21/2004. The injured individual has been periodically followed through the years by Dr. since the surgery. He has consistently had chronic low back pain since the procedure as documented in the office notes over the intervening years. The office note of 05/08/2007 reported low grade pain, no focal tenderness, and neurologically intact with a solid fusion. Dr. recommended initially hardware removal with exploration of the spinal fusion. He advised the injured individual that the success rate was approximately 50% in this type of case. This was denied on initial review by M.D., orthopedic surgeon and the denial upheld on reconsideration/appeal by M.D., orthopedic surgeon. Both physicians felt there was no evidence of focal findings to substantiate the injured individual's complaints of a "rubbing sensation in back" as related to the hardware. The present request (Back Surgery CPT 22852) is for removal of posterior segmental instrumentation only.

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

The injured individual is a male who is over two and one half years post surgical decompression and fusion at L5-S1. He has continued to be symptomatic despite a reportedly solid fusion. Physical findings do not demonstrate any area of focal tenderness or irritation and an intact neurological examination. There is no indication that the hardware is prominent or palpable. It is inferred that the source of his discomfort is the hardware. The evidence-based Official Disability Guidelines (ODG) do not specifically address the specific indications for hardware removal. Under the heading of Hardware Injection (Block): Recommended only for diagnostic evaluation of failed back surgery syndrome. This injection procedure is performed on patients who have undergone a fusion with hardware to determine if continued pain is caused by the hardware. If the steroid/anesthetic medication can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware. (Guyer 2006). There is no indication that the injured individual's symptoms are a result of the retained hardware. A recent article published in the *Journal of the American Academy of Orthopaedic Surgeons* (Vol.14, No.2, Feb.2006, 113-120) does not recommend routine removal of hardware as cited by one of the previous reviewers. The ODG does not recommend repeat surgical procedures in "failed back" syndrome patients.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES