



Notice of Independent Review Decision

DATE OF REVIEW: 8/01/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical appropriateness of the previously denied request for removal of posterior spinal hardware, fusion exploration and re-fusion.

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

Licensed orthopedic surgeon.

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)

The previously denied request for removal of posterior spinal hardware, fusion exploration and re-fusion.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Fax Cover Sheet dated 7/6/07.
- Notice to CompPartners, Inc. of Case Assignment dated 7/6/07.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 6/29/07.
- Company Request for Independent Review Organization dated 6/28/07.
- Request for a Review by an Independent Review Organization dated 6/28/07.

- Utilization Review Determination Notification Letter dated 6/27/07, 6/18/07.
- Correspondence dated 7/6/07.
- Providers/Medical Facility/Pharmacy List (unspecified date).
- Initial Request for Spinal Surgery Authorization dated 6/20/07.
- Procedure Detail Order Sheet dated 6/12/07.
- Workers' Compensation Verification Sheet dated 3/9/07.
- Addendum 6/20/07, 5/11/07.
- History and Physical Report dated 3/27/07.
- Follow-up Examination Report dated 5/2/07.
- Follow-up Examination Report dated 6/12/07.
- Operative Report dated 2/26/06.
- Anterior Lumbar Spine Fusion Procedure Report dated 2/26/07.
- Transverse Process Fusion/Decompression Fixation Procedure Report dated 2/26/07.
- Lumbar Spine CT dated 4/24/07.
- Orthopedic Hardware Injection Procedure Report dated 5/29/07.

PATIENT CLINICAL HISTORY [SUMMARY]:

Age:

Gender: Female

Date of Injury:

Mechanism of Injury: Lifting a patient.

Diagnosis: Status post L4-5 and L5-S1 fusion.

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

The patient is a female who was injured when she was lifting a patient. She subsequently underwent an L4-5 and L5-S1 fusion, with cages and an iliac crest bone graft on 02/26/06. Records then lapsed until a 03/27/07 office note from Dr. The patient reported severe low back and left hip pain that had not improved after surgery. He noted that she had been unresponsive to conservative treatment. On examination, toe and heel walking were normal. Supine straight leg raise caused low back pain. Neurological examination was intact. X-rays showed an L4 to sacrum fusion with rods, screws and interbody cages. A CT was recommended to evaluate the fusion. The 04/24/07 CT scan without contrast, showed that L4-5 had normal alignment with no stenosis and the foramina were patent. An L5-S1 artifact limited assessment of the canal but there was no bony central stenosis. Severe facet arthropathy in combination with endplate osteophyte formation resulted in a moderate right foraminal stenosis and mild to moderate left foraminal stenosis. Dr. reviewed the CT scan and felt the L4-5 fusion was questionable. He also felt that the hardware was the possible source of pain. A hardware injection was performed on 05/29/07 with 70 percent relief of pain for a week. Dr. recommended hardware removal and L4-5 fusion if a non-union was found at the time of surgery. This has been denied on two occasions and the denial has been appealed. No clear cut indication for removal of hardware and exploration has been identified in this case. As identified by other

reviewers, there is no evidence of instability. The CT scan does not confirm pseudoarthrosis. Injection of soft tissues around the hardware, while possibly resulting in some subjective relief, does not appear to be accompanied by any specific evidence of hardware failure to prompt removal. In short, the records here do not provide a clear cut indication for further surgical intervention in this patient at this time.

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

- ACOEM – AMERICAN 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.
Official Disability Guidelines Treatment in Worker’s Comp, Low Back-Fusion
Not recommended for patients who have less than six months of failed conservative care unless there is severe structural instability and or acute or progressive neurologic dysfunction, but recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND PRACTICE PARAMETERS.
- TEXAS TACADA GUIDELINES.
- TMF SCREENING CRITERIA MANUAL.
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE

(PROVIDE A DESCRIPTION).

X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION).

Simeone and Rothman. The Spine. Fifth Edition 2006, Chapter 93; pg 1541.

Orthopaedic Knowledge Update Spine 2; page 453.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.
