

MEDICAL REVIEW OF TEXAS

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DATE OF REVIEW: JULY 23, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Removal of posterior segmental instrumentation

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

MD, Board Certified in 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 or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Insurance correspondence (7/11/07, 6/26/07); review (6/18/07).
2. Office notes from, Dr. dated 4/11/06 and 6/21/06 describing painful hardware.
3. Hardware blocks times six performed 7/19/06.
4. Multiple medical records and correspondence from: Report, MD, report, Clinic, Center, Rehabilitation, Therapy, Esq., MD, MD, Center, Group, MD, Center.

PATIENT CLINICAL HISTORY [SUMMARY]:

Unfortunately, little clinical information was provided. Most of what was delivered is paper work regarding the denial. From what can be pieced together, this gentleman injured himself on xx/xx/xx swinging a sledge hammer, which subsequently led to an anterior posterior fusion at L4 and L5 on 12/8/05. Following this, the patient presented with complaints of pain in his low back. The first notation that he had any problems was on his six month follow up visit dated 6/21/06 with Dr. Dr. feels that the patient is tender over his retained hardware bilaterally and that he is probably symptomatic with retained pedicle fixation. Dr. recommended a hardware block which was apparently performed and he had what is described a good result from that. Unfortunately, he returned in April with again complaints of low back

pain and again Dr. feels that he has symptomatic retained pedicle fixation. A second set of blocks is recommended and was not approved and now Dr. is recommending a removal of his retained pedicle fixation.

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

Unfortunately, there is very little in the literature regarding removal of posterior segmental instrumentation and no reputable guidelines available. It is noted that pedicle screws can become painful in 10 to 15% of the patient population; however, there are no good studies that show that removal of this hardware is beneficial. Still, it remains a relatively common practice in this patient population. Thus through reasonable medical judgment, clinical experience, and accepted medical standards, it is appropriate in this situation. Concerns have to be raised that removal of pedicle instrumentation has been associated with pedicle fractures in a delayed fashion.

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
- 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)**