

DATE OF REVIEW: 5/30/07**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Exploration of fusion, hardware removal and re-fusion.

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

This case was reviewed by a board certified orthopedic surgeon on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal.

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)

<i>Primary Dx Code</i>	<i>HCPCS</i>	<i>Mod</i>	<i>Units</i>	<i>Type Review</i>	<i>DOS</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>Claim #</i>	<i>Uphold / Overturned</i>
									Uphold

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for Independent Review by an Independent Review Organization forms – xx/xx/xx, 5/22/07
2. Determination Notices – 4/12/07, 5/9/07
3. Letter to from, 5/25/07
4. Peer Review Report – 7/22/06
5. Records and Correspondence from Specialists – 7/29/04
6. Records and Correspondence from Center – 6/1/04-10/18/04
7. Records and Correspondence from MD – 6/15/04
8. Records and Correspondence from Clinic – 8/25/04
9. Records and Correspondence from MD – 8/31/04
10. Evaluation – 8/27/04
11. Records and Correspondence from Center – 6/28/04-7/15/04
12. Records and Correspondence from Center – 10/14/03
13. Records and Correspondence from MD – 12/15/03-8/31/04
14. Records and Correspondence from DC – 11/5/03
15. Records and Correspondence from MD – 8/17/04-9/22/04

16. Records and Correspondence from MD – 4/9/04
17. Records and Correspondence from MD – 11/29/04-10/18/05
18. Records and Correspondence from – 4/6/07
19. Correspondence from– 3/8/06, 6/27/06, 10/5/05
20. Records and Correspondence from MD – 2/20/06
21. Records and Correspondence from DO – 7/22/06
22. Correspondence from – 7/22/06
23. Records and Correspondence from – 4/7/05-5/5/05
24. Records and Correspondence from MD – 1/31/05
25. Records and Correspondence from Institute – 9/8/06-3/9/07

PATIENT CLINICAL HISTORY:

This case concerns an adult male who sustained a work related injury on xx/xx/xx. Records indicate that while working on a drilling rig he was carrying a sack of mud weighing approximately 60-80 pounds. He fell through a gap in the walkway and landed on his buttocks injuring his back. Diagnoses have included depression, chronic cervalgia, multiple disc herniation, myofascial pain syndrome, severe spondylosis, and right paralumbar subcutaneous spinal fusion battery and chronic drainage for the lumbar incision at that location. Evaluation and treatment for this injury has included acupuncture, pain medications, psychotherapy, MRIs and x-rays.

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

This patient had an infection after previous decompression and fusion surgery. Removal of hardware and re-fusion is not likely to provide lasting relief and is not supported by the literature. The literature does not support the role of fusion surgery for treatment of low back pain. Re-explorative, and revision fusion is not likely to be successful for relief of chronic low back pain. The article by Van Tulder, et al. is a metanalysis of the literature. The requested exploration of fusion, hardware removal and re-fusion is not medically necessary for treatment of this patient's condition.

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)**

VAN TULDER, ET AL. OUTCOMES OF INVASIVE TREATMENTS FOR LOW BACK PAIN. EUR SPINE J. 2006.