

Clear Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 17, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Hardware block with fluoro (64475, 77003)

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

MD, Board Certified 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 2/6/08, 2/14/08
Official Disability Guidelines Treatment in Worker's Comp 2008, Low Back
NCV, 01/11/07
Office notes, Dr., 02/06/07, 11/16/07, 12/07/07, 12/19/07, 01/28/08, 03/21/08, 02/26/07,
09/19/07
OR note, 11/06/07
Letter, Dr.
Office notes, Dr., 04/12/06, 05/25/06
MRI, 01/17/06
X-rays, 02/06/06, 06/09/06, 07/28/06, 12/03/07
Office notes, Dr., 02/20/06, 04/05/06
Epidural Steroid Injection, 03/30/06

Office Notes, 05/24/06, 06/07/06
Office note, Dr., 05/25/06
Office notes, Dr., 06/01/06, 12/07/06, 07/13/06
CT Lumbar Spine, 06/07/06
Discogram/CT, 07/28/06
Office note, Dr., 08/30/06
Operative Reports, 10/24/06, 12/07/06, 11/16/07
CT Myelogram, 02/02/07
Office note, Dr., 05/25/07
Request for Surgery, 09/20/07
MRI right Shoulder, 10/17/07
Prescription, 11/26/07
Office notes, Dr., 01/24/08, 02/06/08
TWCC-69, 02/06/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year old male injured on xx/xx/xx when he was moving material and injured his back. He was treated conservatively without improvement and had an L5-S1 laminectomy and discectomy on 10/24/06. The pain persisted and radiated into the legs with associated numbness. Additional conservative treatment did not lead to improvement. On 11/06/07 the claimant underwent anterior and posterior fusion at L5 to S1 with pedicle screw fixation.

He was seen by Dr. postoperatively and treated with medication and rehabilitation. On the 12/07/07 visit the claimant reported popping in the back. On examination there was no tenderness. Reflexes were intact. Hypoesthesia was noted in the medial left leg to the foot and toes. X-rays on 12/19/07 were noted by Dr. to show pedicle screws bilaterally at L5-S1 with a cross brace; particulate bone in lateral gutter at L5-S1 and the interbody fusion device in good position.

On the 01/28/08 office note Dr. reported that the claimant's pain had not changed since surgery. He also had intermittent tailbone pain worse arising from seated to standing. X-rays showed "beautiful" anterior posterior fusion with intact pedicle screw fixation and L5-S1 cross brace. Dr. recommended Ultracet, Paxil and a hardware block. This was denied twice on peer review. On 03/21/08 Dr. noted that he had requested the block to see if the hardware was a source of pain and if so he would consider elective fusion.

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

The claimant is a xx-year-old gentleman who initially injured his back on xx/xx/xx moving steel material. The question is whether or not there is a medical necessity for hardware block with fluoroscopy. The medical record for review indicates records from 02/06/07, Dr. with documentation of back and leg pain. There is an 11/06/07 operative report for an anterior interbody fusion L5-S1 transverse process fusion L5-S1 with pedicle screws. There are then ongoing office visits of Dr. documenting fusion without complication although continued subjective complaints. There is no documentation in the medical record of tenderness over the hardware, prominent hardware, or any diagnostic studies such as a CT scan that might show

abnormal bursal formation or muscle irritation over the hardware. There is also no documentation of structural instability or nonunion following this surgical intervention.

Based on the review of the medical record there is no clear medical necessity for hardware block with fluoroscopy. There are no documented physical findings describing any local hardware pain and since Dr. documents on 01/28/08 that the pain has not changed since surgery, then it would seem that the ongoing pain would be related to whatever was there prior to surgery and not the hardware and therefore hardware blocks are not indicated.

Official Disability Guidelines Treatment in Worker's Comp 2008, Low Back
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.

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)