



REVIEWER'S REPORT

DATE OF REVIEW: 07/29/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Hardware injections.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. I reviewed an MRI scan dated 08/03/05 from Dr. which reads, “Early degenerative disc disease at L5/S1 with small minimally compressive disc bulges at the L5/S1 level and at the L4/L5 level. No other significant extradural findings are noted. No intradural pathology is observed.”
2. I reviewed an 08/11/05 report from Dr. Assessment was, “Low back pain with bilateral lower extremity radiculopathy and early degenerative disease at two levels with neurological decrease, indicating possible involvement of higher levels, which do not appear to be able to be detected on the MRI scan.”
3. I reviewed a 09/28/05 report from Dr. The assessment was, “Increased lower extremity radiculopathy and possible neurogenic symptoms.”
4. MRI scan of 10/13/05 shows “moderate intradiscal desiccation at L5/S1. There is mildly compressive central left paracentral subligamentous disc herniation at L4/L5. No other significant disc abnormalities are noted. There is no MRI scan evidence of canal foraminal stenosis. No intradural pathology is observed.” This is signed by Dr.

5. I reviewed a 10/20/05 note from Dr. which reads, "Severe low back pain; new disc herniation at L4/L5; possible neurogenic symptoms."
6. I read a report dated 11/14/05 from Dr. which was unchanged.
7. CT scan of the lumbar spine dated 11/15/05 read by Dr. showed, "Shallow, minimally compressive central annular bulges or small subligamentous disc protrusions at L4/L5 and L5/S1. No other significant disc abnormalities are observed. Volume and configuration of the lumbar canal look normal. No intradural findings are observed."
8. Report of 11/16/05 pertaining to myelogram performed by Dr.
9. X-rays of the lumbar spine on 04/09/07 read by Dr. show, "Frontal and lateral views of the lumbar spine demonstrate pedicle laminar screws at L3, L4, L5, and S1 with laminectomy defect demonstrated at L3/L4 and L5. There has probably been bilateral posterior fixations.
10. 01/18/06 note from Dr. indicates the examinee is xx years of age and is having pain in lower back since lifting a heavy object in xx/xx. He received chiropractic care and lumbar epidural steroid injections without significant relief.
11. On 03/22/06 Dr. indicated that the examinee had medial branch blocks on 03/22/06 with relief, and he was going to schedule him for rhizotomies.
12. There was a normal duplex scan of the left leg on 04/14/06 read by Dr.
13. Dr. did a lumbar facet rhizotomy on 04/19/06. At that time he indicated Dr. assigned a 10% impairment rating to him.
14. On 05/04/06 he had 50% to 60% less pain after the rhizotomy than he did before the rhizotomies, according to Dr.
15. He saw Dr. on 06/06/06, and he felt the decompression and fusion would be helpful.
16. On 04/05/07 he was having severe low back pain. He was 5 feet 11 and weighed 324 pounds. Dr. agreed to decompression surgery with fusion.
17. I reviewed the operative note of 04/09/07 where he had a decompressive laminectomy at L4/L5 with partial L3 laminectomy and interbody fusion from L4 to S1. Dr. did the surgery.
18. He had inpatient rehab and counseling for detoxification, as he felt he was having adverse effects from the morphine as discussed in the 08/16/07 note from Dr. He apparently was suicidal.
19. He was having low back and right leg pain on 12/21/07, according to Dr. X-rays on 12/21/07 read by Dr. showed hardware to be in good position with good maturation of the fusions at L4/L5 and L5/S1.
20. On 03/11/08 Dr. stated he was going to inject around the screw heads to see if there is any evidence of decreased pain from that procedure, and if so, remove them.
21. CT scan of the lumbar spine on 03/18/08 showed "status post fusion, no spondylolisthesis seen, no clear evidence of fracture of the orthopedic prosthesis identified, minor bulges with facet arthropathy, no paraspinal hematoma seen. L5/S1 is nondiagnostic." This was read by Dr.
22. I reviewed a 04/18/08 procedure note authored by nurse . He had injections from the hardware at L3, L4, L5, and sacrum by Dr. on that day.
23. On 04/25/08 Dr. indicated that the injections in the hardware helped him more than anything else so far.
24. I reviewed a report from Dr. dated 06/11/08.
25. I reviewed a letter from Dr. dated 06/18/08.

26. I reviewed a report from Dr. dated 06/26/08.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee apparently sustained an injury to his lower back at work while lifting on xx/xx/xx. He went on to have conservative treatment that failed. He had multiple diagnostic tests as noted above, ultimately resulting in an L4/L5/S1 fusion. He went on to have additional pain and subsequently had his hardware injected with good relief. The request is made for repeat injection.

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

I agree with the previous reviewer who denied repeating injections. Much like the facet injection that was diagnostic, this was followed by facet rhizotomy, which was therapeutic and more definitive. In this case, the hardware has been found to be an irritant, and it was at one point discussed by Dr. that the hardware would be removed if it was positively identified as contributing to his pain. This has occurred, but it is not clear why the hardware was not removed. This type of information will be necessary in order to understand why repeat injections versus removal of the hardware are being entertained.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)