



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: June 18, 2008

IRO Case #:

**Description of the services in dispute:**

Denied for medical necessity: Items in dispute: Removal of Hardware from L spine #22852, posterior lumbar interbody fusion L2-3.

**A description of the qualifications for each physician or other health care provider who reviewed the decision**

The physician who provided this review is a fellow of the American Board of Orthopaedic Surgery. This reviewer is a fellow of the North American Spine Society and the American Academy of Orthopaedic Surgeons. This reviewer has been in active practice since 1990.

**Review Outcome**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

Denied for medical necessity: Items in dispute: Removal of Hardware from L spine #22852, posterior lumbar interbody fusion L2-3.

Given the current clinical data, and applying evidence based guidelines, the non-certification of the requested surgical procedure was appropriate.

**Information provided to the IRO for review**

**FROM THE STATE OF TEXAS:**

Confirmation of receipt of a request for IRO 5/30/08 – 4 pages

Request for review by an IRO 5/26/08 – 3 pages

Notification of determination from Work Comp services 4/25/08 – 3 pages

Letter from LVN 5/16/08 – 6 pages

Notice of case assignment from Texas Department of Insurance 6/2/08 – 1 page

FROM THE CARRIER/URA AGENT:

Letter 6/5/08 – 2 pages

Provider table – 1 page

Authorization request form 4/21/08 – 1 page

Operative report 9/11/02 – 2 pages

Operative report 4/28/03 – 2 pages

Operative report 1/6/04 – 1 page

Visit note 8/15/06 – 1 page

Progress notes 11/21/07 – 1 page

Patient clinical history [summary]

The patient is a female whose date of injury is reported as xx/xx/xx. The records reflect that the patient underwent lumbar laminectomy at L4–5 on 09/04/02. The patient subsequently underwent anterior/posterior fusion from L3 through L5 on 04/28/03. The posterior lumbar hardware was removed on 01/06/04. The patient was seen by Dr. on 08/15/06 with continued back pain that requires light narcotics such as Darvocet. X-rays were noted to show fusion to have gone on to be solid. The patient walks with nice heel/toe, reciprocating gait. Dr. noted at this time no further orthopedic treatment is needed. Progress note dated 11/21/07 indicates that Dr. ordered MRI of the lumbar spine. He further noted that the radiologist did not read the MRI, and he interpreted it himself. Dr. states the MRI basically shows that L3–4 the patient has break down stenosis. She has successful anterior interbody fusion, as well as posterolateral fusion from L3 through L5. Fusion appears to be stable. However, at L3–4 he notes central as well as lateral recess stenosis with thickening of ligamentum flavum, osteophytic spurring of the facet joints, and encroachment upon the neural foramen. Physical examination reported the patient continues to have left lower extremity pain in L3 and L4 distribution. Dr. then states stenosis was noted at L2–3. A utilization review was performed by Dr. on 04/25/08 regarding request for removal of hardware from L-spine #22852, posterior lumbar interbody fusion L2–3. The reviewing physician noted that the requestor had failed to demonstrate medical necessity for removal of hardware from the lumbar spine and the request was denied. An appeal request for removal of lumbar spine hardware and posterior lumbar interbody fusion L2–3 was submitted. A utilization review of this appeal was performed by Dr. on 05/16/08 and non-authorization was given. The reviewing doctor noted that there was no documentation of conservative measures attempted to date, with no mention of instability, tumor or infection. Further, there was no mention of clinical reason for removal of previous hardware.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Based on the clinical information provided, there is agreement with the previous non-certification

determinations. The records reflect that the patient is status post anterior/posterior L3 through L5 fusion performed in 04/03, with subsequent removal of posterior hardware in 01/04. The records further indicate that the patient essentially had no treatment from 2005 through 2007 with the patient being seen once in 2006 and again in 11/07. The patient is noted to have undergone an updated MRI, but no radiology report is available. The requesting surgeon's interpretation of the MRI is confusing as he reports break down stenosis at L3-4, but subsequently notes that stenosis was noted at L2-3. There is no detailed physical examination, with the physical examination reporting the patient continues to have left lower extremity pain, which is a subjective finding. No range of motion measurements were provided, and no orthopedic tests were noted. As noted by the previous reviewers, there is no evidence of instability of the lumbar spine nor is there any indication of tumor or infection that would support the current request. There is no indication that there is a failure of hardware, or that hardware is symptomatic. No documentation was provided of conservative care.

Given the current clinical data, and applying evidence based guidelines, the non-certification of the requested surgical procedure was appropriate.

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

The Official Disability Guidelines, 11th edition, The Work Loss Data Institute.

J Am Acad Orthop Surg. 2006 Feb;14(2): 113-20. Related Articles, Hardware removal: indications and expectations. Busam ML, Esther RJ, Obrebsky WT. Department of Orthopaedics and Rehabilitation, Vanderbilt University, Nashville, TN, USA.