

Core 400 LLC

An Independent Review Organization
240 Commercial Street, Suite D
Nevada City, CA 95959
Phone: (530) 554-4970
Fax: (530) 687-8368
Email: manager@core400.com

DATE OF REVIEW:

May/04/2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar Hardware Block

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

MD, Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 2/13/09, 3/4/09
Pain Management Center, 7/14/08, 7/28/08, 8/11/08, 9/5/08, 9/26/08,
10/20/08, 11/17/08, 12/12/08, 1/7/09, 2/3/09, 3/2/09,
Operative Report, 10/7/08, 12/23/08
DO, MPH, Response to Denial, 2/13/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured in xx/xx/xx who underwent a fusion in 2/28/07. He reportedly had ongoing tingling and back pain. The pain radiated to his right leg and foot. He had pain with back motion including left and right lateral flexion. Dr. advised epidural injections. He had an L5 transforaminal epidural injection on 10/7/08 and 12/23/08 with significant pain relief. He had continued low back pain worse with cold weather. Dr. wrote (1/17/09) that he wanted to see if the axillary/spinal pain was due to the hardware. "We may look at doing a Hardware block in February 2008. This will be xx years after his fusion. This may provide us information on a second pain generator and a way to reduce and/or eliminate his axial low back pain by removing his lumbar hardware(sic)." He again wrote on 2/3/09 that "I recommend lumbar hardware blocks."

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

In his request for reconsideration, Dr. cited that this procedure is 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. (2006)

I have reviewed the ODG and the justification for the procedure when there is pain from the hardware when there is a failure of the fusion. However, the medical records indicate this patient's fusion has healed. Therefore, there is no justification for the procedure. The request does not meet the guidelines. The reviewer finds that medical necessity does not exist for Lumbar Hardware Block.

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

ACOEM-AMERICA 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)