



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

DATE OF REVIEW: October 19, 2009

IRO Case #:

Description of the services in dispute:

Outpatient lumbar surgery; removal EBI transmitter and electrodes (#63688 and #63660).

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

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer is a member of the American Academy of Orthopaedic Surgeons, the Arthroscopy Association of North America and the American Shoulder and Elbow Association. This reviewer has been in active practice since 2000.

Review Outcome

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

Overtaken

Outpatient lumbar surgery; removal EBI transmitter and electrodes, #63688 and #63660, is medically necessary, as it is not serving any function at this time.

Information provided to the IRO for review

Records received from State:

Records received Texas Mutual Insurance:

Patient clinical history [summary]

The patient is a male who is status post lumbar spine reconstruction L3–S1 on xxxx, lumbar fusion L4–L5 and L5–S1 on xxxx. Date of injury is reported as xx/xx/xx. Per medical records the patient is diagnosed with failed lumbar spine syndrome with routine symptomatic bone growth stimulator. The 7/29/09 exam indicates the patient has sharp pain located in the lower back and is now occurring with constant 75–100% regularity. He has indicated that sensation has not improved. His pain is graded at 7/10. Flexion and Extension exacerbates his discomfort. He reports worsening radicular symptoms in low back. The patient is currently taking Lyrica, Norco and Ibuprofen. There is multilevel tenderness of lumbar spine. Straight leg raise is positive bilaterally at 45 degrees. Paresthesias at L4–5 distribution. Sensation is diminished. Reflexes diminished per 9/24/09 exam. He had 22 sessions of post operative physical therapy and has been complying with a home exercise program. 7/17/09 diagnostic studies show intact surgical hardware, no abnormal anterior or posterior motion with flexion or extension.

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

It would be reasonable to remove the bone growth stimulator as it is not serving any function at this time and is one of the obvious causes of the patient's pain. The doctor would like to remove this as it is a site of maximum point tenderness and this will eliminate one of the sources of the patient's ongoing chronic pain. The patient is to have a neurostimulator trial and the doctor would like to remove this implant to allow for reduced mechanical pain so that there will be more accurate interpretation of the spinal cord stimulator trial. If this implant is left in place, then the spinal cord stimulator trial may not give accurate information as to its efficacy. The removal of the bone growth stimulator is appropriate to help treat this failed back syndrome with removal of an obvious source of mechanical pain.

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

OKU lumbar spine