

SENT VIA EMAIL OR FAX ON  
Apr/19/2010

## Independent Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/16/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Hardware removal L2/3, L3/4; 1 day inpatient stay

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

**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**

OD Guidelines  
Denial Letters 2/24/10 and 3/25/10  
Dr. 9/2/04 thru 3/22/10  
OP Report 12/1/09  
Radiology Report 5/22/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male with a date of injury xx/xx/xx, when he was unloading a heavy sign. In 04/2003 he underwent a lumbar fusion at L3-L4, L4-L5 and L5-S1. He developed a pseudoarthrosis at L3-L4 and stenosis at L2-L3. On 07/07/2006 he underwent a pseudoarthrosis repair at L3-L4 and L2-L3 fusion. He complains of low back and bilateral leg pain. Electrophysiological studies revealed a peripheral neuropathy, but no radiculopathy. His neurological examination reveals decreased Achilles reflexes bilaterally. Plain films of the lumbar spine 05/22/2009 reveal posterolateral fusion masses extending caudally to the sacrum bilaterally. There are lucencies that demarcate the L4-L5 and L5-S1 interbody grafts from both endplates. There is no motion on flexion and extension. On 12/01/2009 he underwent a lumbar hardware block at L2-L3 and L3-L4, which provided him 60% pain relief for two weeks. The request is for hardware removal at L2-L3 and L3-L4 with a one-day inpatient stay.

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

The hardware removal is not medically necessary at this time. The IRO reviewer agrees with a prior URA reviewer that there are concerns of a pseudoarthrosis. The plain films of 05/22/2009 show lucencies in the intervertebral grafts at the endplates. This is concerning

for a pseudoarthrosis. Until this issue is addressed by the provider and a rationale given as to why he does not think this is responsible for the patient's pain, the surgery is not medically necessary.

**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)