



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

DATE OF REVIEW: January 19, 2010

IRO Case #:

Description of the services in dispute:

Hardware block (#77003, #99144, #64450).

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

The physician providing this review is board certified in Anesthesiology and is a doctor of Osteopathy. The reviewer is currently an attending physician at a major medical center providing anesthesia and pain management services. The reviewer has participated in undergraduate and graduate research. The reviewer has been in active practice since 1988.

Review Outcome

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

Upheld

Hardware block (#77003, #99144, #64450) is not medically necessary.

Information provided to the IRO for review

Records from state:

Request for IRO, 1/5/10, 3 pgs.

Request form for independent review 1/6/10, 1 pg.

Review Summary 12/2/09, 12/21/09, 6pgs.

Records from Dr.:

Spine Care Chart Note, 7/23/08, 4/29/09, 11/18/09, 11 pgs.

Imaging Center Lumbar Spine Three Views Report, 11/17/09, 1 pg.

Dr., TPF Decompression Fixation Operative Note, 9/25/08, 6pgs.

Dr., Anterior Lumbar Fusion Operative Note, 9/25/08, 4pgs.

Records from Dr.:

Office Visit Note, 8/18/09 1 pg.

Records from URA:

Exhibit C-

Pre-Authorization Request, 11/25/09, 1pg.

Referral Form, 11/20/09, 1 pg.
Dr., Patient Data Sheet, 11/18/09
Exhibit E-
Contracting and Network Development, Part IV Registration Form, 1 pg.
Dr. Office Visit, 9/22/08, 11/24/08, 1/20/09, 3/26/09, 6/23/09, 5pgs.
Dr., Peer/ Medical Record Review, 4/9/09, 11pgs.
Imaging Center, Lumbar Spine Three View Report, 4/29/09, 1 pg.
Imaging Center, Lumbar Spine Report 3/11/09 1 pg.
Dr. Chart Note, 1/14/09, 3 pgs.
Imaging Center, 1/14/09, 1 pg.
Medical Center, PT Discharge Record, 1/5/09 3 pgs.
medical Center, PT Discharge Record, 12/1/08, 12 pgs.
Dr. MD letter, 11/25/08, 1 pg.
Medical Center, Summary of Service, 11/18/08, 11/25/08, 1pg.
Medical Center, PT Discharge Record, 11/25/08, 3pgs.
Dr., Post Operative Visit, 11/12/08, 3pgs.
Imaging Center, Lumbar Spine Report, 11/12/08, 1 pg.
Medical, Prescription, 9/26/08 1 pg.
Medical Center, Chest x-ray, 9/25/08, 1 pg.
MD, Peer Review of Medical Records, 5/22/08, 9pgs.
Employers First Report of Injury of Illness xx/xx/xx 1 pg.

Patient clinical history [summary]

The patient is male with date of injury in xxxx. He had a L5/S1 fusion in 1999 and spinal cord stimulation (SCS) placed that was removed in 2001. He had an L4-s1 fusion in 9/08. He had 5 postop x-rays after this and all indicated screws and fusion hardware was intact. There was no mention of malalignment. The MD first told the patient about hardware removal in 1/09 and in 3/09 the patient refused more surgery. The patient fell in 6/09 and hit his back, exacerbating his pain but an x-ray in 11/09 showed again no hardware changes. He has stated that his wife is very ill and he cannot consider surgery at this time.

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

Hardware block (#77003, #99144, #64450) is not medically necessary. While ODG supports diagnostic hardware blocks, the patient's multiple x-rays have shown no dysfunction with the hardware or nonunion of the fusion. The patient himself has refused further surgery and at this time family issues are preventing him from even considering it. Therefore, a diagnostic hardware block to see if hardware should be removed is a moot point since surgery does not appear to be an option for him now nor has he expressed a desire for further surgery.

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

Bonica's Management of pain third edition.

ODG: 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. (Guyer, 2006)