

# Becket Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Feb/02/2010

**IRO CASE #:**

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

Excision Internal Fixation L5-S1

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

M.D., Board Certified Orthopedic Surgeon  
Board Certified Spine Surgeon

**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, 12/29/09, 1/12/10

Spine Care 12/21/09, 11/16/07, 10/27/05, 9/19/05, 4/14/06, 5/8/06, 8/7/06, 3/3/06

M.D. 11/1/05, 2/6/06

Chiropractic 8/8/06, 10/24/05, 10/27/05, 5/18/06, 5/23/06, 6/22/06, 7/18/06, 5/11/05, 8/21/06, 2/14/06

Medical Center, 11/1/05, 9/15/05, 11/5/05, 11/8/05

Solutions 11/1/05

Radiology Report 12/12/05

Imaging (no date)

Evaluation Notes 4/29/05, 7/19/05, 8/5/05, 5/5/05, 5/12/05, 8/20/05, 9/27/05, 9/13/05, 5/17/05, 7/15/05, 4/26/05, 6/7/05

MRI 5/24/05, 5/16/05

Medical Associates 10/24/05, 10/26/05

6/11/05

Physical Therapy Progress Update 5/11/05

M.D., F.A.A.O.S 7/22/05

Abilities Eval. 7/22/05

D.O. 5/30/06

Medication Administration Records 11/1/05

Spine 11/1/05

11/1/05

Clinical Pathology Laboratories 10/24/05

Medical Center 10/24/05

TDI Narrative History 4/20/06

M.D. 3/31/06

Medical Prescription 2/7/06

**PATIENT CLINICAL HISTORY SUMMARY**

This is an injured worker who has previously undergone a lumbar fusion at L5/S1. She is and originally injured on xx/xx/xx when lifting bags of coins. Surgery was performed on 11/01/05. X-rays recently documented a good 360-degree fusion with no evidence of changes at both the fusion sites. She complains of increased pain and some stiffness. There is no documentation that the hardware is symptomatic. There is no abnormality of the hardware on radiographic studies. Medications are over-the-counter ibuprofen and Aleve. Records do not reflect that a hardware block has been undertaken.

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

The ODG Guidelines and Treatment Guidelines do not recommend the routine removal of hardware. There is no evidence in the records that the hardware is symptomatic. All evidence presented is to the contrary. The records show that the fusion is excellent. X-rays recently documented a good 360-degree fusion with no evidence of changes at both the fusion sites. It is for these reasons that the previous adverse determination(s) is upheld. The reviewer finds that medical necessity does not exist for Excision Internal Fixation L5-S1.

**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)