

Becket Systems

An Independent Review Organization
9219 Anderson Mill Road #1012
Austin, TX 78729
Phone: (512) 553-0533
Fax: (207) 470-1075
Email: manager@becketsystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient Lumbar Surgery to Revision Lumbar Spine Surgery, Hardware Removal, Exploration and Repair as Indicated at L4-5-S1 and 2 Days LOS

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

M.D., board certified in Orthopedic Surgery
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

Official Disability Guidelines Treatment in Workers' Comp 2010 updates, low back, lumbar fusion

Care Guidelines, Inpatient Surgery, 13th Edition

Adverse Determination Letters, 11/3/09, 12/3/09

M.D., P.A. 10/20/09, 10/19/09, 9/1/09

xxxxxx 9/25/09

xxxxxxx. 1/20/09, 3/26/08, 12/12/07, 8/4/07,

1/23/07, 1/9/07, 1/4/07, 11/27/06, 11/28/06, 10/20/06, 10/10/06, 1/20/09

Operative Report 9/24/09

9/11/06

M.D. 10/9/06

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who has undergone a three-level global fusion. He was injured on x/xx/xx. His original surgery was in 2007. He has seen the requesting physician with a chief complaint of back pain and bilateral leg pain. There was an essentially normal neurological evaluation. The initial diagnosis was pseudoarthrosis, possible infection, possible loose hardware. A CT scan was performed, which showed none of the above. Dr. reviewed the scan and feels there is anterior screw penetration at S1 at 0.5 cm. The fusion is solid. The request is for exploration of hardware and removal of hardware with the goal to reduce the pain complaints and evidently to possibly re-fuse the patient.

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

The CT scan made available for this review does not reveal the findings that Dr notes. There is no evidence in the records that the hardware is painful as hardware blocks have not been performed. Bicortical fixation with anterior penetration of the sacral cortex is the preferred technique for pedicle screw fixation in the sacrum and is not an indication of unsatisfactory placement. The Official Disability Guidelines and Treatment Guidelines concerning hardware removal do not consider it to be routine. There is no documentation in the history or physical that this hardware is actually creating a problem, and as Dr. notes, is potentially pressing on a sympathetic chain. Therefore, this request does not conform to Official Disability Guidelines and Treatment Guidelines. The previous adverse determination(s) are upheld. The reviewer finds that medical necessity does not exist for Inpatient Lumbar Surgery to Revision Lumbar Spine Surgery, Hardware Removal, Exploration and Repair as Indicated at L4-5-S1 and 2 Days LOS.

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)