



791 Highway 77 North, Suite 501C-316 Waxahachie, TX 75165
Ph 972-825-7231 Fax 972-775-8114

**Notice of Independent Review Decision
AMENDED REPORT 9/9/2010**

DATE OF REVIEW: 9/6/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of the removal of a C6 screw.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. This reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of the removal of a C6 screw.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:, MD, and, Inc.

These records consist of the following (duplicate records are only listed from one source):

Records reviewed from: letter – 8/20/10; denial letters – 2/4/10-8/6/10, Pre-authorization letter – 4/23/10-6/18/10; Denial letter – 2/4/10-8/6/10, Pre-authorization letter – 4/23/10-6/18/10; Medical Center Admission form, ER Records, Head CT– 10/8/09;, MD X-ray report – 10/12/09; DWC73s; Occupational Medical Care notes – 10/13/09;, MD X-ray report – 10/29/09, 7/10/10, & 7/13/10, Consult – 10/30/09, Office Notes – 11/17/09-7/20/10, Procedure Report – 2/12/10, Procedure Orders – 2/12/10, Surgery Reservation Sheet – 6/2/10 & 7/23/10, Prescription for Therapy – 6/2/10, Operative Report – 6/9/10;, MD MRI Report – 11/4/09;, MD MRI report – 2/17/10; Pre-auth

request – undated(x3); Therapy & Diagnostic CMT & ROM report – 2/22/10, 4/6/10, & 7/13/10; MD Electro-Diagnostic report – 3/17/10; MD Compensable Injury report – 5/6/10; Prescription – 6/2/10, Pre-auth Request – 6/3/10; Inst. PT Eval report – 6/18/10, Pre-auth request – 6/14/10, PT Daily Progress Note – 6/18/10-7/19/10, PT Assessment & Plan of Care – 6/18/10 & 7/19/10; and General Hospital Surgical records – 6/9/10.

Records reviewed from, MD: X-ray report – 10/30/09 & 6/15/10

The URA stated that the ODG does not cover this service; therefore a copy of the ODG was not provided.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is status post C6-7 cervical fusion and has esophageal irritation and a very prominent “backed-out”/retained screw. Denial letters reflect the lack of radiographic studies documenting the recently unchanged screw position and its questionable causal relationship of the esophageal irritation/ “finger-poking” neck pain. The neuro exam was noted to be intact.

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

Despite the recent lack of further radiographic screw position change and/or imaging studies corroborating the source of esophageal irritation, the poking sensation in the neck and swallowing issues need to be addressed. These later conditions have recently developed and may well represent a worsening of the claimant’s condition reasonably attributable to the loose and prominent screw. The surgical screw/hardware removal is not routine and is medically necessary due to the Attending Physician’s records supporting the clinical and radiographic findings of screw impingement, intermittently. The sequelae of not removing the screw could be associated with even higher morbidity and is reasonably required at this time based on applicable guidelines. A diagnostic hardware injection or imaging study would be superfluous to the clinical symptoms and x-ray findings of probable impinging screw hardware.

Reference: ODGuidelines

Hardware - Much of the growth of spinal fusion has been driven by the sales of new types of spinal implant hardware. There was no obvious disadvantage in using the least demanding surgical technique of posterolateral fusion without internal fixation. Hardware increased complication risk compared with bone only fusions without improving disability or reoperation rates.

Hardware injection (block) - 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.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)**