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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/23/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

COSA L3/4, L4/5 Hardware Removal and Revision with 1 day LOS

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

Board Certified Orthopedic Spine Surgeon, Practicing Neurosurgeon

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)

**Hardware Removal is Overturned.
Revision is Upheld**

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Cover sheet and working documents
Pre-injury medical records 02/20/07-05/15/08
Pain management consultation and follow-up notes M.D. dated 06/08/10-04/13/12
Chiropractic records dated 06/09/10-05/07/12
Lumbar spine with lateral flexion / extension radiographs 06/18/10
MRI lumbar spine 06/18/10
EMG/NCV 07/13/10
Office visit notes M.D. 07/23/10-05/21/12
CT lumbar post myelogram / discogram 12/08/10
Behavioral Medicine Evaluation dated 03/30/11
History and physical Dr. 05/20/11
Operative report dated 05/25/11
Utilization review determination dated 06/08/12
Utilization review determination dated 06/26/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whose date of injury is xx/xx/xx. Records indicate he was helping transfer a 500+ lb patient from a stretcher to the bed when he injured his low back. The patient has history of previous injury on 09/30/06 secondary to motor vehicle accident. The claimant is status post L3-4, L4-5 discectomy performed 10/17/07. After undergoing a course of conservative treatment, the claimant was taken to surgery on 10/25/11 for 360 degree fusion L3-4, L4-5. The claimant was seen in follow-up on 02/13/12 and noted to be doing well. Examination reported 5/5 strength in lower extremity, with negative tension signs on sciatic nerve. X-rays on this date showed interbody fusion grafts and pedicle screws in good position with fusion going through the cages at both levels and no hardware failure noted.

The claimant was seen on 03/14/12 for pain management evaluation / follow-up. He noted his low back pain was aggravated by prolonged standing, and he has sensitivity that goes into right buttock which Dr. thinks is from hardware screws. On 04/04/12 the claimant underwent diagnostic hardware blocks. On follow-up dated 04/12/12 the claimant reported about 85% relief lasting for full day and half following hardware blocks. He also noted relief of relentless muscle spasm in right iliolumbar musculature for approximately 2 days. The claimant was noted to have some return of pain but remains improved at VAS of 5 down from 5-8 pre procedurally. The claimant was seen on 05/21/12 by Dr. who noted the claimant got good temporary relief from hardware block. He has tenderness over the hardware, pedicle screws on both sides. It was recommended the claimant undergo removal of posterior hardware.

A preauthorization request for removal of L3-4, L4-5 hardware and revision with 1 day length of stay was reviewed on 06/08/12 and non-certified as medically necessary. Reviewer noted that the clinical documentation establishes the presence of symptomatic hardware as the claimant responded to diagnostic injections. However, imaging studies demonstrated a healthy 360 degree fusion at L3-4 and L4-5, with no objective evidence of fusion graft failure that would reasonably require any revision procedures. As such, the requested procedures are as submitted not indicated as medically necessary.

An appeal request for L3-4, L4-5 hardware removal and revision with one day length of stay was reviewed on 06/26/12 and non-authorized as medically necessary. Reviewer noted the request for hardware removal is of equivocal necessity as it is not broken or irritating any nerve root. The need for any revision surgery is not validated by the records and thus Official Disability Guidelines would not validate the request as medically necessary.

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

The claimant sustained a lifting injury to the low back on 06/08/10. He had a history of previous injury that required decompressive discectomy laminectomy at L3-4 and L4-5 performed 10/17/07. The claimant subsequently underwent 360 degree fusion at L3-4 and L4-5 performed 05/25/11. The claimant was noted to have tenderness to palpation over the hardware on physical examination. A diagnostic hardware block performed 04/04/12 was noted to have provided approximately 85% pain relief lasting a day and a half. It therefore appears that hardware removal would be appropriate; however, there is no evidence of pseudoarthrosis/non-union or recurrence of disc herniation at either L3-4 or L4-5 that would require a revision procedure. Consequently the denial of hardware removal should be overturned, but denial of revision surgery should be upheld.

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)