

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** JANUARY 30, 2012

**IRO CASE #:**

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

Medical necessity of proposed removal of posterior segmental instrumentation (22852, 22842, 69990, 22830, 22612, 20974, 20936, 28612)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedic surgery and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
733.82	22852		Prosp	1					Upheld
733.82	22842		Prosp	1					Upheld
733.82	69990		Prosp	1					Upheld
733.82	22830		Prosp	1					Upheld
733.82	22612		Prosp	1					Upheld
733.82	20974		Prosp	1					Upheld
733.82	20936		Prosp	1					Upheld

733.82	28612		Prosp	1					Upheld
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**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-21 -pages

Respondent records- a total of 101 pages of records received to include but not limited to: letters 12.14.11-1.11.12; TDI letter 1.9.12; records 12.14.11-1.6.12; Orthopedic records 4.24.09-12.5.11; MRloA report 11.9.11; CT Lumbar 7.11.11; Therapy and Diagnostics 2.14.11; Operative reports 5.14.10-10.17.11; L.P.C. report 1.26.10; MRI Lumbar spine 1.5.10, 2.20.08; EMG/NCV report 7.14.08; Hospital records 7.21.10-7.24.10; Dr. record 7.24.09

Requestor records- a total of 250 pages of records received to include but not limited to: TDI letter 1.9.12; Orthopedic records 1.14.10-12.5.11; confirmation sheets; CT Lumbar 7.11.11; Therapy and Diagnostics 4.24.09-2.14.11; Operative reports 7.24.09-10.17.11; MeD, L.P.C. report 1.26.10; MRI Lumbar spine 1.5.10, 2.20.08; EMG/NCV report 7.14.08; University General Hospital records 7.21.10-7.24.10; Dr. record 6.16.09-7.24.09; DDE 4.7.09; x-rays; request for an IRO; letters 5.19.09-12.14.11; Dr. records 1.23.09; Neurology report 3.13.08; IRO determination #20283; TDI letter 5.20.09; FCE 4.7.09, 7.14.08; MRI Cervial and Rt Shoulder 2.20.08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The medical records presented for review begin with the December 14, 2011 determination that the requested removal of the posterior segment instrumentation was not certified. This was followed by a reconsideration which was also not certified.

The July 11, 2011 CT of the lumbar spine noted stable post-operative changes and disc protrusions.

There is an October 17, 2011 procedure note, completed by Dr., indicating that the lumbar hardware at L5 and S1 was injected with an analgesic preparation. It was noted that the patient was able to emulate without difficulty, after this injection. The determination was that there was a painful hardware scenario in the lower lumbar spine.

There is a partial progress note from Dr. that noted "significant evidence of symptom magnification" and that the injured employee feels that a return to work is not indicated for him.

The October 17, 2011 progress notes from Dr. noted that there was "no visible bridging bone on the right posterolateral fusion mass" and only a small amount on the left. The plan was to remove the hardware but there was not enough mass to justify the removal. The solution to this conundrum was to remove the hardware, redo the fusion and bone grafting and then possibly repeat the instrumentation.

The December 5, 2011 progress notes from Dr. noted the impression of painful hardware of the lumbar spine and endorsed the medications being employed. There was a reference to a treatment plan but that was not noted in this note.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

**RATIONALE:**

As noted in the Division mandated Official Disability Guidelines the removal of surgical hardware is reserved for hardware failure, fracture, infection or other compromise. There is no endorsement of the removal of the hardware as a pain control measure. Additionally, in this case, the Treating Doctor indicates that there is no bone bridge to support the spine with this hardware removed. It would appear that this is a back door methodology to repeat a lumbar fusion with instrumentation when the clinical indicators for such a procedure are not met and would not meet the requirements for such a procedure. Thus, at this time, based on the clinical data reviewed, the determination of the two prior reviewers is endorsed.

**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
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)