



MedHealth Review, Inc.  
661 E. Main Street  
Suite 200-305  
Midlothian, TX 76065  
Ph 972-921-9094  
Fax 972-775-6056

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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 2/29/12

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of bilateral L4-5 S1 Hardware Injection (64475).

**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 Anesthesiology. The reviewer has been practicing for greater than 7 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 agrees with the previous adverse determination regarding the prospective medical necessity of bilateral L4-5 S1 Hardware Injection (64475).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
Dr. the injured worker and MD.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Dr.: 6/28/11 to 1/17/12 office notes from Orthopedics, and 11/3/10 operative report.

: 1/3/12 denial letter, 12/22/11 insurance verification form, 4/18/11 lumbar MRI report, and 6/29/11 operative report.

Injured Worker: 2/21/12 letter by DC, 9/13/11 to 1/31/12 daily notes by Dr. and 1/30/12 denial letter.

Dr.: 9/16/10 to 12/20/11 procedure notes, and 11/9/11 denial letter.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male with reported injury on xx/xx/xx. The operative report dated 11/03/2010 performed by Dr. DO noted the patient underwent an L5 lumbar hemilaminectomy, L5-S1 left discectomy and a foraminotomy on the left S1 nerve root. The MRI of the lumbar spine noted mild post-surgical change within the dorsal lumbosacral soft tissue, mild disc bulge of the L4-L5 mildly impressing upon the thecal sac. The official operative report dated 06/29/2011 revealed the patient underwent a lumbar laminectomy at the L5 bilaterally with discectomy at L5-S1 bilaterally, and partial medial facetectomy.

The clinical note dated 09/06/2011 revealed the patient presented with a 5/10 pain level in the lumbar spine and continued to have in sitting in the low position. The patient reported he continued to have tingling on the right hamstring occasionally, and insomnia. It was noted the patient had x-rays of the lumbar spine that revealed post-operative changes consistent with a posterior lumbar interbody fusion with posterior splint of the L5-S1 levels. It was noted the fusion appeared to be healing well and posterior hardware was in good position without signs of loosening. At that time, the patient was recommended for physical therapy and to continue utilizing a medication regimen. The clinic note dated 12/19/2011 revealed the patient presented with complaints of dull and shooting pain in the lumbar region. The patient stated his pain goes down into the hips and legs, but a majority of pain is in the axial lumbar spine.

It is noted the patient has not had recent injections and was requesting injections at that time. Physical exam noted tenderness to palpation over the paraspinal, thoracic, and lumbar spines as well as the buttock on the left and right was tender. There were noted moderate muscle spasms in the lumbar spine and normal motor as well as deep tendon reflexes. At that time, the patient was recommended to receive bilateral L4-L5 and L5-S1 hardware injections for his axial low back pain.

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

Official Disability Guidelines- Treatment for Worker's Compensation  
Chapter: Low Back – Lumbar and Thoracic

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.

The medical report dated 12/19/2011 indicates that the patient has back pain. The patient is noted to have undergone two lumbar surgeries at the L5-S1 levels, the most recent being on 06/29/2011. On physical examination of the lumbar spine, there is tenderness to palpation, moderate spasms, and mild to moderate dyesthesia in the L5 distribution. Hyperextension reproduces pain. The most recent x-rays noted that the patient's pedicle screws and rods were well positioned within their respective vertebra, and interbody devices were well seated within the L5-S1 disc space without evidence of retropulsion of the interbody devices into the central canal. This is a request for an appeal bilateral L4-5, S1 hardware injection. However, the medical report failed to objectively document exhaustion and failure of conservative treatment such as activity modification, home exercise training and oral pharmacotherapy. There is no documentation of failure provided with regard to the failure of the patient to respond to recent evidence-based exercise program in the reviewed report. There is no documentation of failure with optimized pharmacologic treatment in managing the pain. Though there are rehab notes decrying physical therapy regimen, there is no objective evidence that the patient will not gain clinically significant functional response from continued treatment from less invasive modalities. The maximum potential of conservative treatment done was not fully exhausted to indicate a surgical procedure. There is also no documentation submitted noting that the patient has pain at the site of hardware placement. Hardware injections are strictly for diagnostic and not therapeutic use. Hence, the previous non-certification is upheld and the requested treatment is found to be not medically necessary at this time.

**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)