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Date notice sent to all parties:

March 9, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Deny inpatient x1 day, lumbar L4-S1 hardware removal, exploration of fusion as requested

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was injured on xx/xx/xx when she slipped and fell. The patient was status post L5-S1 spinal fusion with pedicle screw instrumentation on 03/03/14. Post-operatively the patient was followed for persistent complaints of leg pain. CT myelogram of the lumbar spine on 10/30/14 noted good alignment without evidence of hardware complication. L5-S1 appeared to be fused with no compromise of the canal or neural foramina. Clinical record on 11/04/14 noted that hardware injections were denied. felt there was possible pseudoarthrosis at L5-S1 at the anterior interbody cage. Recommendation was for exploration of the fusion possible revision if necessary with removal of the pedicle screw instrumentation. The requested exploration of fusion with hardware removal and one day inpatient stay was denied on 12/03/14 as CT was not available for review there was no evidence for hardware failure or other instability. The request was again denied on 01/06/15 as there was no clear compromise at L5-S1 segment that would support

revision procedures.

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

The patient had persistent complaints of leg pain following L5-S1 fusion in 05/04 and 03/14. CT myelogram of the lumbar spine noted partial bony fusion across the disc space at L5-S1. CT myelogram of the lumbar spine from 10/30/14 noted partial bony fusion across the disc space at L5-S1. No actual pseudoarthrosis was apparent. There were no noted hardware complications suggesting pseudoarthrosis. Further radiographic analysis of the fusion construct was not available for review showing either a lack of further fusion across the disc space versus the development of pseudoarthrosis. As the pain generator has not been adequately identified by imaging studies it is the opinion of this reviewer that medical necessity of the surgical request is not established at this time. As such there would be no requirement for requested inpatient stay for one day.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES