

Clear Resolutions Inc.

An Independent Review Organization
7301 Ranch Rd 620 N, Suite 155-199
Austin, TX 78726
Fax: 512-519-7316

Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 27, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Inpatient hospital stay at College Station Medical Center from 11/20/06 through 11/29/06.

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

M.D., board certified Orthopedic Surgeon, board certified Spine Surgeon

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)

Based upon a review of the medical records themselves and the ODG Guidelines along with the Milliman Guidelines, the reviewer finds that the previous adverse determination should be partially overturned, and that 3.5 days of the inpatient hospital stay at Medical Center were medically necessary. The reviewer finds that 6.5 days of the inpatient hospital stay at Medical Center were not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse determination letter dated 11/29/06
ODG Guidelines and Treatment Guidelines
Hospital bills and nurse review profile from xxxxx dated, 03/01/07
Emergency room report dated 11/20/06
Dr. 11/28/06

Interdisciplinary patient notes dated 11/20/06 to 11/29/06
History and physical, Dr., 11/19/06
Medical Administration records, 11/19/06 to 11/29/06
Dr. , 11/20/06

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a patient who had a history of a laminectomy with fusion in the year 2000. He had a second back surgery in 2000, one with a postoperative infection requiring IV antibiotics. He presented at age xx to emergency department on xx/xx/xx with complaints of xxxxxx. He had other complaints including nausea, dysuria, and chills. His pain increased with activity. A CT scan was done, and discitis at L5/S1 was diagnosed. He had an elevated white count and sed rate. He was treated symptomatically with pain medication, and he was placed upon vancomycin and Rocephin. Other investigations were undertaken, including MRI scan and consultations with Infectious Disease. The MRI scan confirmed the discitis at L5/S1 with anterior soft tissue mass. On xx/xx/xx, it is noted in the medical records that the patient would be discharged when the pain was controlled and he was approved by insurance. He continued to do well with a drop in hemoglobin and thrombocytopenia. His discharge continued to be delayed based on a delay in insurance approval for antibiotics on an outpatient basis. The carrier has stated the medical necessity for this entire emergency admission was not met. At the time of admission, there are indications that the patient had indications for admission including the elevated white cell count and the diagnosis of infectious discitis presumably from the remote infection six years previously

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

An in-hospital stay for this diagnosis would be between 3 and 3.5 days. The medical records themselves indicate that on xx/xx/xx, the physicians were awaiting for approval for discharge with home antibiotic treatment at that time. Hence, the medical records support the guideline.

This decision is supported by the ODG Treatment Guidelines and the Milliman Guidelines, the medical records themselves, and the physicians' comments within those medical records. This patient was a xx-year-old male with a remote history of previous infectious discitis. Iatrogenic in nature from what can be determined from the records, he had a quiescent multi-year period, and then was admitted with symptoms of back pain and diagnostic findings on CT scan and MRI scan including anterior soft tissue mass. It was elected to treat him nonsurgically with antibiotics, and apparently this appeared to be successful based upon his response during the hospital admission. He was admitted on 11/20/07 and by 11/22/07, the physicians in the record were already discussing his discharge. His discharge was delayed not by necessity for treatment but by administrative hurdles that had not been accomplished. It is for this reason that only a 3.5 day admission period for this particular diagnosis with the response that was seen and confirmed by the treating physician within the medical records would be medically necessary to treat his condition.

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)