

MATUTECH, INC.

DATE OF REVIEW: MARCH 13, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Additional reimbursement for 95861 x3, 95900 x5, 95822, 95934 x2, 95925 x2, and 95926 x2 (DOS 06/01/06).

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

The physician providing this review is a spinal neurosurgeon. The reviewer is national board certified in neurological surgery. The reviewer is a member. The reviewer has been in active practice for 35 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Request for Independent Review

Information provided:

Procedure notes (06/01/06)
Intraoperative neurophysiologic monitoring (06/01/06)
Claim Forms (07/21/06)

Information provided:

Office notes (04/05/05 - 01/19/07)
Claim Forms (06/01/06)
Intraoperative neurophysiologic monitoring (06/01/06)

PATIENT CLINICAL HISTORY:

The patient is a male who sustained a low back injury while taking a housing unit out of the rear end of a truck. There are no records from 1999 through 2004.

In November M.D., reviewed lumbar discography, which had been positive for concordant pain at L4-L5 and L5-S1. In presence of morbid obesity, Dr. recommended weight reduction before considering any surgery. Through March 2006, the patient continued seeing, M.D., noted that the patient was nearly bedridden with severe flare-up of his pain, who had lost 32-pound and now was plateaued.

On June 1, 2006, M.D., performed anterior-posterior spinal fusion from L4 through S1. Multiple nerve roots monitoring with monitoring of five pedicles from L4 through S1 on the right was accomplished by M.D. Intraoperative neurophysiological monitoring included: Bilateral ulnar (95925)/posterior tibial (95926) somatosensory evoked potential, EEG asleep only (95822), bilateral L4-L5-S1 free running EMG (95861), Bilateral H-reflex, and Gastrocnemius (95934-(50)) and Bilateral H-reflexes, Tibialis Anterior (95936 (50)), Nerve Conduction/Pedicle Screw Stimulation, Left L4-L5-S1 and right L4-S1 (95900). Dr. intraoperative comments were: The left and right ulnar/posterior tibial somatosensory evoked potential displayed no attenuation in amplitude and/or prolongation in latency from the baseline values during the surgical procedure. The left and right ulnar/posterior tibial nerve(s) somatosensory evoked potentials displayed global fluctuations in amplitude and increase in latency secondary to fluctuations in blood pressure, body temperature, and the administration of general anesthesia. In addition, there was no sustained EMG firing seen during the surgical procedure.

The patient continued to have dysesthetic burning pain that radiates onto the dorsum of his left foot. Postoperatively, the CT-myelogram was obtained, which did not show any discrete lesion that could be responsible for an L5 radiculopathy. He was referred back to Dr for the consideration of dorsal column stimulator (DCS).

On February 27, 2007, the carrier issued a statement with respect to a dispute of additional reimbursement stating that, to date, reimbursement had been made for four units of 95920, which the carrier believed included the services described by the disputed CPT codes. Therefore, the carrier respectfully maintained its position that no additional reimbursement was due.

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

MEDICAL MATERIAL REVIEWED

1. COMPANY STATEMENT WITH RESPECT TO THIS DISPUTE ON 2/27/07
2. A LIST OF DENIAL SERVICES FOR THE IRO REVIEW
3. 11/10/2005 CONSULTATION REPORT BY, M.D., ADDITIONAL REPORTS BY THE SAME DOCTOR ON 7/20/06, 8/17/06, 10/26/06
4. REPORT BY D.C., 2005 AND 2006
5. REPORT BY M.D., 4/15/06 AND FOLLOW UP REPORTS BY THE SAME DOCTOR FOLLOWING THE PATIENT'S SURGERY.
6. 6/1/06 OPERATIVE REPORT ON THE PATIENT'S LUMBAR SPINE PERFORMED PRIMARILY BY DR.

THIS CASE INVOLVES A MAILE WHO WAS INJURED. THE DETAILS OF THAT INJURY ARE NOT AVAILABLE. THE PATIENT WAS GIVEN CONSERVATIVE MANAGEMENT FOR FIVE YEARS WITHOUT SIGNIFICANT BENEFIT. WHEN SEEN IN CONSULTATION ON 11/10/05 BY DR. THE PATIENT'S PROBLEM WAS THOUGHT TO BE POTENTIALLY SURGICAL BUT HIS WEIGHT WAS SO GREAT THAT IT WAS FELT CONTRAINDICATED. THE PATIENT HAD POSITIVE DISCOGRAPHY AT THE L4-5 AND L5-S1 LEVEL AT THAT POINT AND A MAJOR PROCEDURE AT THOSE TWO LEVELS WITH WEIGHT LOSS WAS A STRONG CONSIDERATION. BETWEEN 12/1/05 AND 5/2006, THE PATIENT SAW DR. AND THERE WAS WEIGHT LOSS. WHEN SEEN AGAIN IN CONSULTATION BY DR. IT WAS RECOMMENDED THAT THE PATIENT HAVE AN ANTERIOR AND POSTERIOR APPROACH TO HIS LUMBAR SPINE AT THE L4-5 AND L5-S1 LEVELS WITH FUSION AND POSTERIOR INSTRUMENTATION. THIS PROCEDURE WAS CARRIED OUT ON 6/1/06 WITH SOME SUCCESS BUT THE PATIENT IS CONTINUING TO HAVE DISCOMFORT. ON 1/12/07, DR. RECOMMENDED HE BE SEEN BY DR. ONCE MORE WITH THE POSSIBILITY OF SPINAL CORD STIMULATION FOR HIS PAIN BEING DONE.

CIRCUMSTANCES REGARDING THIS REVIEW DID NOT INCLUDE THE PATIENT'S PRESENT STATUS AND ANY FUTURE RECOMMENDATIONS FOR OPERATIVE PROCEDURES. THERE IS SOME QUESTION REGARDING THE USE OF MUTLIPL E ELECTRODIAGNOSTIC TESTING DURING THE PATIENT'S SURGERY ON 2006. I DISAGREE WITH THE DENIAL OF THOSE SERVICES. WHILE THE SERVICES MAY SEEM EXTENSIVE THE AMOUNT OF SURGERY WAS EXTENSIVE AND REPEATED MONITORING OF NERVE AND EVEN BRAIN POTENTIALS WAS NECESSARY. EVOKED POTENTIALS WERE NECESSARY FOR STIMULATION AND H REFLEX RECORDINGS IN THE GASTROP, MEDIALIS AND SOLEUS MUSCLES WERE NECESSARY ON AT LEAST TWO OCCASIONS. MUTLIPL NERVE CONDUCTION AMPLITUDE AND VELOCITY DETERMINATIONS WERE ALSO NECESSARY. THESE STUDIES WERE NECESSARY IN TWO EXTREMITIES AND THAT ADDED TO THE AMOUNT OF RECORDINGS AND THE AMOUNT OF THE COST. THIS MONITORING ADDS TO THE SAFETY OF THE PROCEDURE

TO A CERTAIN EXTENT THAT I THINK IT WAS INDICATED AND THEREFORE THAT IS THE REASON FOR MY DISAGREEMENT WITH THE DENIAL OF THE PROCEDURES BECAUSE THEY WERE MEDICALLY NECESSARY.

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

"Guidelines developed by Ronald E. Manicom, MD, over 40 years of evaluating spinal surgical problems."
- 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)**