

Notice of Independent Review Decision

DATE OF REVIEW: 04/30/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L4 kyphoplasty minimal invasive left L4-L5 laminectomy/discectomy with a three day length of stay

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

The TMF physician reviewer is a board certified neurosurgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the L4 kyphoplasty minimal invasive left L4-L5 laminectomy/discectomy with a three day length of stay is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Neurosurgery History and Physical by Dr. – 07/09/07

- Report of CT of the lumbar spine without contrast – 07/06/07
- Report of x-ray of the pelvis – 07/06/07
- Report of MRI of the lumbar spine – 01/21/08
- Progress notes by Dr.– 07/19/07 to 01/22/08
- Portions of emergency department record from Medical Center – 07/06/07
- Utilization review of procedure by – 04/21/08
- Preauthorization request – no date
- Chart note from Dr. – 02/04/08
- Letter from attorneys to TDI – 04/22/08
- Information for requesting a review by an IRO – 04/22/08
- Decision letter from Inc. – 03/27/08, 04/21/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury when he was riding an all-terrain vehicle (ATV) up a ramp to be loaded on a truck and the ATV flipped and the patient landed on his back with the ATV on top of him. This resulted in sharp bilateral low back pain. The patient was treated in the emergency department of Medical Center where a radiological examination revealed an L4 compression fracture.

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

This patient's L4 compression fracture may reasonably be treated with kyphoplasty in the clinical setting described. However, the record contains no information indicating the necessity for performing a laminectomy, partial discectomy. In addition, the usual hospital stay for kyphoplasty without medical or trauma factors is at most one night.

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)**