



514 N. Locust
Denton, TX. 76201
Off: (940) 239.9049
Fax: (940) 239.0562

Notice of Independent Review Decision

DATE OF REVIEW: 08/15/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient lumbar surgery: examination under anesthesia
Removal EBI transmitter and electrodes
Exploration and repair if indicated

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

Board Certified in Orthopedic Surgery

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.

Outpatient lumbar surgery: examination under anesthesia - Upheld
Removal EBI transmitter and electrodes - Overturned
Exploration and repair if indicated - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Operative report, M.D., 01/02/08
- Examination evaluation, Dr. 01/15/08, 02/12/08, 03/11/08, 04/08/08, 05/07/08, 06/17/08
- Adverse determination, 07/03/08, 07/16/08
- Notice of assignment of IRO, 07/28/08
- Expected surgery codes sheet (no date)
- List of providers (no date)
- Information sheet regarding spinal fusion stimulator (no date)
- The ODG Guidelines were provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient sustained an injury to his lumbar spine on xx/xx/xx. He underwent surgery in January of 2008 and received implantation of an EBI transmitter unit. Since that time, multiple x-rays have been performed and he has participated in physical therapy. The patient's most recent medications include Soma, Motrin, and Hydrocodone.

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

The FDA indication for the use of an EBI is that it can be removed if painful after six months. In his last note, Dr. does document point tenderness over the stimulator. Therefore, the limited removal of this stimulator (which can be accomplished under local anesthesia) would be medically reasonable and necessary. There is no indication to explore the spinal wound. The patient apparently has a healed fusion and the instrumentation is not loose. There is no indication to open the main wound for exploration and/or repair.

Examination under anesthesia is neither reasonable, nor necessary. The patient's physical examination is within normal limits. The treatment plan does not change based upon examination under anesthesia. I am unable to find any indication in the **ODG** for use of such an examination under partial anesthesia.

The rationale for this decision includes the use of the **ODG**, as well as the FDA approval documents on the use of EBI stimulators.

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)**
 - FDA approval documents on the use of EBI stimulators