

RYCO MedReview

Notice of Independent Review Decision

DATE OF REVIEW: 05/12/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Three day length of stay for hardware removal, lumbosacral orthotics brace (LSO), and bone growth stimulator

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.

Three day length of stay for hardware removal - Upheld
Lumbosacral orthotics brace (LSO) - Upheld
Bone growth stimulator - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X-Ray Report, Lumbar Spine, D.O. 05/01/07
MRI Cervical Spine, M.D., 07/12/07
Pain Management Consultation, Pain Management Center, 08/10/07
Exam Evaluation, M.D., 08/28/07, 12/29/07, 02/23/08
Exam Evaluation, M.D., 08/28/07
Radiology Report Lumbar Myelogram, M.D., 01/16/08
Radiology Report Post Myelogram CT, M.D., 01/16/08
Pre Cert/Utilization Review Request, Surgery, 03/13/08
Pre Cert/Reconsideration Request, Surgery, 03/17/08
Surgery Pre-Authorization, undated
Notice of Utilization Review Findings, 03/18/08, 03/21/08
Disability Evaluation, M.D., 03/18/08, 04/01/08
Surgery Pre-Authorization, undated
Administrative Appeal Process advise letter, M.D., 04/15/08
DWC FORM – 73, M.D., 04/15/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a lumbar injury while working on xx/xx/xx. He subsequently underwent low back fusion over the L5-S1 segments in September 2001. He has currently been treating with a pain management specialist for multiple medications including Tramadol, muscle relaxors, sleeping medications and antidepressants.

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

A three day length of stay for hardware removal is not medically necessary. For the surgical procedure of hardware removal, no more than two days would be medically indicated as ODG supports two days for discectomy, and a hardware removal is in the same realm as discectomy in complexity and need for hospitalization.

In relation to hardware removal, the LSO brace would not be medically necessary. LSO braces are normal post-operative durable medical equipment being utilized by spine surgeons for fusions, however the LSO brace would not be medically necessary for hardware removal alone.

The medical records provided do not support the medical necessity for a bone growth stimulator as the patient appears to have a solid L5-S1 fusion. This opinion is inline with ODG web-based guidelines. Hardware removal is not spoken of by ODG alone, but a bone growth stimulator would not be indicated for simple hardware removal with the L5-

S1 level showing solid fusion, and an LSO brace would not be indicated for hardware removal under any circumstances.

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)