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DATE OF REVIEW: 09/24/2008 AMENDED 09/24/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Thoracic T11, T12 Kyphoplasty (22523, 22525, 72291)

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

This case was reviewed by a Texas licensed MD, specializing in Neurological Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Neurological Surgery

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Thoracic T11, T12 Kyphoplasty (22523, 22525, 72291)	22523, 22525, 72291	-	Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx year old male who is reported to have sustained work related injuries on xx/xx/xx. On this date the patient was involved in a roll over accident while operating a xx with a xxxx attached. He is reported to have sustained lacerations to his scalp, both upper extremities and complaints of severe back pain. He subsequently was transported to a local emergency room were he was evaluated. CT scan of the chest is consisted with compression fracture of T12. He was placed in a brace for his back and at follow-up on 06/19/08 the patient was complaining of severe pain and inability to stand up and walk for prolonged periods of time. The patient was evaluated by Dr. on 06/19/08. On examination the patient has a relaxed posture and normal gait with no limp. Skin of the back is intact without erythema. There is no vertebral tenderness, paraspinal tenderness or spasm. There is a negative Straight Leg Raise bilaterally. Deep tendon reflexes are 2+ and symmetrical in the lower extremities. Pertinent positives are vertebral tenderness at T12, limited range of motion of the lumbar spine, lumbar paraspinal tenderness and spasm, motor strength is graded 5/5. Sensation is intact. His toes are downgoing. The patient has a clam shell TLSO brace which he reports gives him more comfort. Dr. reports MRI of the lumbar spine dated 06/25/08 shows an acute compression fracture at T12. There are findings of edema of the T11 body consistent with a body fracture. There is no evidence of spinal stenosis secondary to the fracture. The records include an MRI of the thoracic spine performed on 07/19/08. This study reports a compression fracture, deformity of the superior endplate of T12 of approximately 10 to 15%. This is associated with edema signal intensity within the vertebral body consistent with a subacute fracture. There is a right paracentral disc protrusion at T8-9 of approximately 2.0mm with mild left facet arthropathy producing no significant spinal canal or intervertebral neural foraminal stenosis. At T11-12 there is no evidence of flattening of the posterior aspect of T12 vertebral body or evidence of post traumatic disc herniation with no spinal canal stenosis. The record contains an addendum to the MRI of

the thoracic spine which reports mild edema signal intensity in the anterior aspect of the inferior endplate of the T11 vertebral body. Consistent pulmonary edema from mild compression fracture deformity at this site. Edema fluid signal intensity is seen in the T11-12 disc. There are small circular areas of decreased signal intensity which could represent gas or blood. There is no evidence of disc herniation, spinal canal or intervertebral neural foraminal stenosis seen at the T11-12 level. The patient was subsequently recommended to undergo kyphoplasty at T11 and T12. On 08/12/08 the records were reviewed by Dr. Dr. opines that there is objective evidence of a T12 compression fracture however no evidence of a T11 fracture. He reports that the proposed procedure would be appropriate and medically necessary at T12 however there is no medical necessity for kyphoplasty at T11.

The case was subsequently reviewed on 08/22/08 by Dr.. Dr. again finds that there is objective evidence of a T12 compression fracture without evidence of a T11 fracture and therefore the proposed procedures would not be medically necessary at both levels.

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

Items in Dispute: Thoracic T11, T12 Kyphoplasty

I would concur with the previous reviewer in that thoracic kyphoplasty is not medically necessary at both T11 and T12. The available medical records indicate that the patient was involved in a motor vehicular accident on the date of injury. The patient subsequently was referred for imaging of the lumbar spine and was found
to have a T12 compression fracture. Submitted records indicate that an addendum was later provided to this report which indicates evidence of edema in the T11 body however there is no indication that there is compression of the vertebral body. It is noted that there is a 10 to 15% compression fracture at T12. The records further indicate that while the patient has been treated conservatively with bracing and oral medications he has not had a significant reduction in his reports of pain. The request for 2 level kyphoplasty at T11 and T12 would not be considered medically necessary in that there is no evidence of compression at the T11 level. While there is some signal change suggestive of injury there is no compression of the
vertebral body itself.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG: Low Back Chapter