

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 04/20/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Spinal bone growth stimulator for a cervical fusion.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon.

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	Service Being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim #	Upheld Overturn
996.4	E0748		Prosp.						Overturn

INFORMATION PROVIDED FOR REVIEW:

- 1 TDI case assignment
2. Letters of denial 01/30 & 02/11/09, including criteria used in the denial.
3. requests for reconsideration 01/27 & 02/03/09.
4. Treating doctor's evaluations, procedures and follow up 0920/07 – 12/26/08.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This xx y/o male suffered a work-related injury in xx/xx This patient underwent fusion at C5-7 in December 2008 that resulted in a failed union. He is a smoker, which makes him at a higher risk of failure.

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

It would be of benefit to use a bone growth stimulator to try to obtain a successful outcome. Although limited, evidence does exist that the bone growth stimulator improves the fusion rate of spinal fusion surgery in high-risk cases, such as this.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)