

Notice of Independent Review Decision

DATE OF REVIEW: 03/05/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Vertebral corpectomy (vertebral body resection), partial or complete transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumb

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 orthopedic surgeon 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 vertebral corpectomy (vertebral body resection), partial or complete transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumb are not medically indicated to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting review by an IRO – 02/25/09
- Decision letter– 01/14/09, 01/30/09
- Letter to TMF from– 10/07/08
- Pre-Authorization– 01/14/09
- Appeal– 01/30/09
- Office visits notes by Dr. – 05/30/08 to 02/02/09
- Bone density vertebral assessment report – 12/09/08
- Report of CT of the lumbar spine – 11/12/08
- Procedure note for lumbar discogram – 11/12/08
- Initial History and Physical by Dr. – 09/15/08
- Report of MRI of the lumbar spine – 05/17/08
- Procedure note for epidural steroid injections – 06/12/08, 07/10/08
- Behavioral Medicine Evaluation/Pre-Surgical Screening by Dr. – 08/26/08
- History and Physical by Dr. – 01/26/09

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when she fell down 25 stairs resulting in an onset of back and left leg pain without neuro-compressive findings. An MRI revealed disc bulges at L4-5 and L5-S1, with an annular tear at L5-S1. The patient has been treated with epidural steroid injections and physical therapy. A lumbar discogram produced concordant pain at L4-5 and L5-S1, with annular tears of both L4-5 and L5-S1.

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

This patient suffers from degenerative disc disease without evidence of neuro-compressive manifestations. Radiculopathy is not evident. The justification for vertebral corpectomy is not established by medical record documentation. The criteria for spinal fusion published in the ODG are not met. Vertebral corpectomy would certainly produce instability and is not justified.

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)