

Notice of Independent Review Decision

DATE OF REVIEW: 11/09/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Hardware removal at C5-6 with revision of fusion re-instrumentation and ICBGH, 2day LOS 22855, 63081, 122554, 22845, 22851, 20956

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 hardware removal at C5-6 with revision of fusion re-instrumentation and ICBGH, 2day LOS 22855, 63081, 122554, 22845, 22851, 20956 is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 10/20/09
- Letter of determination– 18/31/09, 10/01/09, 10/02/09
- Initial report by Dr. – 03/02/06
- Medical Consultation by Dr.– 11/08/07 thru 10/08/09
- Office visit notes by Dr. – 05/07/09 thru 09/17/09
- Report of CT scan of the cervical spine - 05/27/09
- Report of MRI of the cervical spine – 09/15/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when he was working as a xxx and tripped over some object and fell forward injuring his neck. An MRI confirmed a left paracentral hernia at C5-C6 with severe degree of spinal stenosis. He underwent a discectomy and fusion at the level of C5-C6 on 02-25-08. The patient has now been diagnosed with failed neck syndrome and treating physician is recommending that he undergo hardware removal at C5-6 with revision of fusion re-instrumentation and ICBGH.

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

This patient has a long history of neck pain relating to the fall. He had original surgery with discectomy and fusion with anterior plating. The patient had surgery in February and now has intermittent pain in the neck and evidence of a non-union with loosening of the screws on x-ray. The patient has re-occurrence of pain and problems in the upper extremities. The patient will need additional surgery in order to keep him in the job force and decrease his pain. If the plate is not removed and stabilization is no accomplished, he will continue to get worse. Therefore, it is determined that the above surgical procedure is determined to be medically necessary to treat this patient's condition.

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