

US Resolutions Inc.

An Independent Review Organization
1115 Weeping Willow
Rockport, TX 78382
Phone: (512) 782-4560
Fax: (207) 470-1035
Email: manager@us-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Removal of posterior instrumentation, corpectomy, arthrodesis, ACDF, insertion cages, anterior instrumentation allograft, artificial disc, tissue graft and 95920 x 2 intraoperative neurophysiology monitoring per hour

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

MD, Board Certified in Orthopedic Surgery
Board Certified in Spinal 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 7/5/10, 7/9/10
Back Institute 10/14/09, 12/10/09, 7/15/10, 6/10/10
Surgical Hospital 6/4/10
Radiology Associates 6/4/10
Diagnostic 2/6/03 to 10/9/02
Lifecare of 6/16/09
Chart Notes 4/16/03 to 12/8/08
CoPE 6/23/10

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who has undergone a previous cervical fusion from C5 to C7 anteriorly, which is solid. There is note of a bulged disc at C4/C5 on accompanying imaging studies. He also underwent anterior cervical discectomy with fusion at C4/C5 with an interbody cage and anterior plate. Based upon the radiological imaging studies, at this time there is a pseudoarthrosis at C4/C5 level. There are physician notes which indicate "possible" plate breakage. However, in the radiologist's record, there is no evidence of any hardware loosening or mention of plate breakage. There is also mention of breakdown of the C3/C4 disc with degenerative changes. Current request is for an artificial disc and a corpectomy with anterior cervical discectomy and fusion to address the pseudoarthrosis at C4/C5. Posterior instrumentation as requested is not visible within the records.

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

Although the physician notes that the endplates may need to be taken down in order to

provide adequate surface for bony fusion, this does not meet the requirements of corpectomy for coding purposes. As per posterior instrumentation removal code, given there is no posterior instrumentation, this reviewer assumes this applies to removing anterior instrumentation, and this was certainly an error. As far as corpectomy is concerned, as mentioned, this reviewer finds no indication for that particular code in this request. As far as revision of pseudoarthrosis is concerned, there is no documentation within the medical record that the pseudoarthrosis is, indeed, painful. There has been no attempt at pseudoarthrosis block or other techniques to assure that indeed this pseudoarthrosis is the patient's pain generator. It is well known that many, indeed most, pseudoarthrosis are nonpainful or at least not the cause of the patient's complaints. As far as addressing the C3/C4 disc space and the request to use an artificial disc -- there is no evidence from the medical records that the C3/C4 disc, while degenerative, is indeed contributing to this patient's pain complaints. All of these assumptions, i.e., one, that the C4/C5 pseudoarthrosis, and two, that the C3/C4 spondylosis are indeed pain generators, at this point, based on the medical records provided, is purely speculative. It is for these reasons that this reviewer could not overturn the previous adverse determination. The reviewer finds that medical necessity does not exist for Removal of posterior instrumentation, corpectomy, arthrodesis, ACDF, insertion cages, anterior instrumentation allograft, artificial disc, tissue graft and 95920 x 2 intraoperative neurophysiology monitoring per hour.

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

ACOEM-AMERICA 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)