INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 05/19/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Electrodiagnostic study dated 10/27/09
2. Procedure note dated 12/07/09
3. Lumbar CT myelogram dated 01/19/10
4. Clinic notes dated 01/20/10-02/24/10
5. Prior reviews dated 02/08/10 and 02/16/10
6. Cover sheet and working documents
7. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx.

The electrodiagnostic study dated 10/27/09 reported findings of right S1 acute radiculopathy.

The procedure note dated 12/07/09 reported the employee underwent a right L5-S1 lumbar epidural steroid injection.

The lumbar CT myelogram dated 01/19/10 reported findings of mild right lateral recess stenosis that appeared to highly compress the left L5 root sheath. The employee was also noted to have a 4-5 mm diffuse bony proliferation at the L5-S1 level.

The clinic note dated 01/20/10 reported the employee received 20% relief from the prior lumbar epidural steroid injection. The note reported the employee had failed conservative therapy and was a candidate for surgical intervention.

The presurgical psychological evaluation dated 01/22/10 reported the employee did not have any contraindications for spinal surgery.

The clinic note dated 02/03/10 reported the employee was being recommended for an L4-L5, L5-S1 decompression and fusion with posterior instrumentation.

The prior review dated 02/08/10 reported the request for bone growth stimulator was not medically necessary as the employee had not been identified to be a candidate for a fusion procedure.

The prior review dated 02/16/10 reported the request for a bone growth stimulator was not medically necessary secondary to the employee not undergoing a two-level lumbar fusion.

The clinic note dated 02/24/10 reported the employee was a candidate for an L4-L5 and L5-S1 decompression and fusion, and the request was to be sent for IRO.

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

The request for osteogenesis electrical stimulator is not medically necessary. The note reports the employee has been previously denied for a request for L4-L5 and L5-S1 decompression and fusion. There is no indication at this time that the employee has been precertified for the proposed two-level lumbar fusion or has undergone the proposed procedure. The practice guidelines do support bone growth stimulator for employees who undergo multilevel fusion procedures; however, as there is no indication the employee has undergone such a procedure, medical necessity cannot be established.

As such, medical necessity for the request for osteogenesis electrical non-invasive spinal stimulator has not been established at this time.

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

Official Disability Guidelines, Low Back Chapter, online version
Criteria for use for invasive or non-invasive electrical bone growth stimulators:

Either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. (Kucharzyk, 1999) (Rogozinski, 1996) (Hodges, 2003)