

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 05/11/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Osteoplasty T12

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 osteoplasty at T12 is not medically indicated to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 04/28/10
- Review Determination Letter from Inc. – 04/14/10, 04/27/10
- Surgery Scheduling Slip/Checklist – 09/01/09
- Injured Worker Information form from Back Institute – 02/03/05
- Periodic Outcomes Evaluation by Back Institute – 09/01/09
- Report of nuclear imaging of the spine – 07/31/09
- Follow up office visit by Dr. – 05/17/06 to 03/04/10
- Radiological Report by Dr. – 03/10/08
- Report of CT scan of the lumbar spine – 03/09/09, 08/21/09
- Operative report by Dr. for removal of hardware – 04/21/09

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical record documentation indicates that this patient sustained a work related injury on xx/xx/xx resulting to injury to her spine. The patient has undergone surgery, epidural steroid injections and the use of a spinal cord stimulator. She has been diagnosed with a compression fracture at T-12 and the treating orthopedic surgeon is recommending an osteoplasty at T-12.

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

The medical record documentation states that this patient is to undergo an osteoplasty at T12. A “vertebroplasty” involves inserting needles through the pedicles of T12 into the vertebral body of T12 and then introducing cement into the body through the needle under pressure. The procedure has complications related to the cement and to the surgeon/pain doctor or radiologist who is performing the procedure. A revised procedure known as a balloon assisted vertebral augmentation involves first inserting a balloon through the pedicle needle into the body, inflating the balloon to reduce the fracture, removing the balloon and then injecting cement into the vertebral body and thus reducing the cement complications. While this patient has classic indications for a balloon assisted vertebral augmentation by a trained physician, the term “osteoplasty” by definition is too generic to imply what is going to be done at the time of surgery.

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)