



**Notice of Independent Review Decision**

**IRO REVIEWER REPORT – WC (Non-Network)**

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**DATE OF REVIEW:** 06/29/11

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Removal of Thoracolumbar Instrumentation & Spinous Process Adjacent to Fusion with Possible Further Dorsolateral Fusion Using Local and Cadaver Bone Graft

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

Board Certified in Neurological 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)

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.

Removal of Thoracolumbar Instrumentation & Spinous Process Adjacent to Fusion with Possible Further Dorsolateral Fusion Using Local and Cadaver Bone Graft – UPHELD

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Operative Report, M.D., 12/09/03
- Operative Report, Dr. 10/04/04
- Thoracic and Lumbar Spine CT, M.D., 01/05/07
- Cervical and Thoracic MRI, DR. 01/06/07
- Lumbar Spine MRI, Dr. 01/06/07
- Operative Report, Dr. 02/13/07
- Evaluation, Dr. 07/10/07, 09/11/07, 10/16/07, 12/18/07, 07/16/09, 01/14/10, 03/18/10, 07/21/10, 02/14/11, 05/02/11
- Pre-Authorization Request, Dr. 07/25/07, 03/03/08
- Peer Review Report, M.D., 10/19/07
- IRO Review, 04/21/08
- Denial Letter, 01/29/09, 05/12/11, 05/25/11
- Independent Medical Evaluation (IME), M.D., 05/06/09
- Lumbar Spine X-rays, M.D., 01/27/11
- Thoracic Spine X-rays, Dr. 01/27/11
- IME, M.D., 03/25/11
- Lumbar Spine X-rays, D.O., 05/10/11
- Thoracic Spine X-rays, Dr. 05/10/11
- Adverse Determination, 05/25/11
- The ODG Guidelines were not provided by the carrier or the URA.

**PATIENT CLINICAL HISTORY (SUMMARY):**

The patient was injured while standing on the floor and started to sit down in a chair. The chair scooted out from under him backwards and he landed on his buttock and back. The patient's diagnoses following diagnostic studies were compression fracture of T12 and he underwent surgical decompression and fusion in October 2004 by Dr.. He has been in follow up care since then. He had developed, over the years, a prominence in the lower thoracic spine area, which was either bony, or perhaps hardware, that could be painful. His medications were listed as Tramadol, Tylenol Arthritis and a muscle relaxer.

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

The fusion has been documented for years to have been solid, with recent x-ray films showing stable hardware, though no attempt has been made to see if there is instability with flexion/extension films and/or a recent CT scan. Also, injection at only the spinous process with a local anesthetic to see if this relieves the tender spot does not appear to have been tried, which would also be helpful to determine if just a simple operation could be performed to trim the spinous process.

At this time, I see no indication from the information provided that removal of the thoracolumbar instrumentation and spinous process adjacent to the fusion should be entertained and the bone graft augmented with additional local and/or cadaver bone. The

removal of the thoracolumbar instrumentation and augmentation of the prior fusion does not meet the necessary ODG criteria at this time.

**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)
- AMA GUIDES 5<sup>TH</sup> EDITION