

SENT VIA EMAIL OR FAX ON
Feb/25/2011

P-IRO Inc.

An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #203
Mansfield, TX 76063
Phone: (817) 405-0878
Fax: (214) 276-1787
Email: resolutions.manager@p-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/22/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Revision Posterior Spinal Fusion with Instrumentation and Decompression, T4-Pelvis,
Pedical Subtraction Osteotomy, L2 with a Three to Five day Inpatient Stay

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

Board Certified Orthopedic Surgeon, Practicing Neurosurgeon

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

OD Guidelines

1. Utilization review determination 12/10/10
2. Reconsideration/appeal of adverse determination 01/04/11
3. New patient evaluation and follow up evaluation reports MD 06/09/09 through 12/01/10
4. Operative report 03/26/10 regarding hardware removal T11 through L5, exploration fusion, revision fusion T10 to the pelvis with legacy segmental pedicle screw instrumentation, allograft, local bone infused bone morphogenetic protein, L3-4 laminectomy, facetectomy, foraminotomy and decompression, L3 pedicle subtraction osteotomy at T10-11, T11-12, T12-L1, Smith Peterson facet resection osteotomies
5. Initial visit comprehensive evaluation and follow up office visit MD 05/12/08 and 05/11/09
6. Operative report 05/12/04 removal of posterior lumbar segmental hardware, exploration of lumbar spinal fusion mass, revision of bilateral laminectomy at L4-5 with needle facetectomy and nerve root decompression, excision of pseudoarthrosis at L2-3, posterior

spinal segmental instrumentation L2-3 with Dupuis titanium moss SI India instrumentation, posterolateral arthrodesis L2-3 with morselized cancellous allograft

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. The mechanism of injury is not described, but the injured employee is noted to have undergone multiple operations the first of which was in 01/99, and most recently on 03/26/10. Injured employee was diagnosed with thoracolumbar kyphosis T12-L1, pseudoarthrosis L5-S1, pseudoarthrosis hardware failure and segmental instability. On 03/26/10 the injured employee underwent hardware removal T11 through L5 with exploration of fusion, revision fusion T10 to pelvis with pedicle screw instrumentation, allograft, BMP, L3-4 laminectomy, facetectomy, foraminotomy and decompression, and L3 pedicle subtraction osteotomy at T10-11, T11-12, T12-L1, and facet resection osteotomies. Injured employee initially reported improvement, but follow up evaluation on 09/29/10 noted the injured employee feels like he still is slowly getting worse in terms of alignment with more pain in the lower back, nothing like what he had before surgery but still not as good as what he experienced right after surgery. Physical examination reported decreased range of motion with pain on motion of the back. X-rays showed a little bit worse sagittal alignment than previous visit. Injured employee most recently was seen in follow up on 12/01/10. It was noted that it is hard for the injured employee to straighten up or walk. He has to take a lot of pain medication. On examination the injured employee walks with a stooped posture with pain on motion of the back. X-rays on this date showed about 30 degrees of thoracolumbar kyphosis. Pre-operatively before the revision fusion and osteotomy the injured employee had over 50 degrees of kyphosis so he is still improved from pre-operatively. However immediately after surgery the injured employee was corrected to 10 degrees, so he has lost about 20 degrees of correction over the past year. This is noted to be partly due to settling of the osteotomy site and partly due to the fact he looks to be decompensating above the fusion above T10.

A utilization review determination dated 12/10/10 by Dr. determined that a request for revision posterior spinal fusion with instrumentation and decompression T4 to the pelvis, pedicle subtraction osteotomy was non-certified. Dr. noted that a current physical examination was not performed. His recommendations for non-certification were based on the following reasons: 1) without a recent documentation of physical examination findings, objective abnormalities (if applicable) cannot be correlated with subjective complaints. In addition evidence of alternate treatment with bracing and a recent psychosocial screen addressing any potential confounding issues was not documented.

A reconsideration/appeal of adverse determination review was performed by Dr. on 01/04/11, and Dr. did not recommended certification of the requested revision posterior spinal fusion with instrumentation and decompression T4 to the pelvis, pedicle subtraction osteotomy L2. Dr. noted there was no documented physical examination (other than one noting only gait/posture) since surgery was performed on 03/26/10 and thus there was no documentation of radiculopathy. Dr. further noted there was no documentation of any type of lower levels of care including medication or physical therapy. Records did not reflect spinal instability by myelogram or treatment with bracing. No documentation of a psychological screen was provided.

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

Based on the clinical information provided, the request for revision posterior spinal fusion with instrumentation and decompression, T4 to pelvis, pedicle subtraction osteotomy, L2 is recommended as medically necessary. The injured employee has a history of multiple surgical procedures with extensive fusion. He underwent revision surgery on 03/26/10 to correct pseudoarthrosis and kyphotic deformity of over 50 degrees. Immediately following surgery the patient was noted to have corrected to 10 degrees, but on most recent examination in 12/10 x-rays showed 30 degrees of thoracolumbar kyphosis. There is no need to demonstrate radiculopathy as this is a structural abnormality that requires surgical

correction. Psychological evaluation is not relevant to this request. Moreover, there is no indication that the patient had any psych issues preventing the injured employee from undergoing any of the previous five surgeries. There is sufficient clinical information to correlate the injured employee's findings of acquired kyphotic deformity, and conservative treatment will not correct this problem.

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)