Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 5/9/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of Remote Intra Operative Monitoring during surgery (95920, 95925, 95926, 95928).

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Anesthesia. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of Remote Intra Operative Monitoring during surgery (95920, 95925, 95926, 95928).

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties: Physician

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Physician: Prior Authorization Requests– 4/5/11 & 4/11/11; MD Intraoperative Neurophysiological Monitoring Request – undated; Surgery Scheduling Slip/Checklist – 2/14/11; Precertification letter – 3/17/11; Clinic Follow-up Notes – 9/30/10-2/14/11, On Call Note – 10/10/10, New Patient Consultation – 8/30/10, Radiology Report – 8/30/10, Previous Treatment Note – 8/30/10; MRI Lumbar Spine Report – 8/3/10; and Operative Report – 9/29/10.

Records reviewed from Carrier: Denial Letters – 4/5/11 & 4/14/11.

A copy of the ODG was not provided by the Carrier or URA for this review.
PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XX year old male with a persistent history low back pain radiating to both legs and lower extremity weakness following an industrial injury on XX/XX/XX. An MRI examination revealed lumbar disc protrusions at L4-5 and L5-S1, and lumbar spinal stenosis. Dr. recommended lumbar hemilaminectomy with decompression and excision of herniated intervertebral disc at L4-5 and L5-S1 (63030, 63035), plus spinal dural graft (63710).

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

The requested remote intraoperative neurophysiologic monitoring is not medically necessary based on the ODG guidelines. According to the guidelines, "Use of intraoperative SSEP or DSEP monitoring is recommended as an adjunct in those circumstances during instrumented lumbar spinal fusion procedures in which the surgeon desires immediate intraoperative information regarding the potential of a neurological injury." The planned procedure is laminectomy and disc excision, not a spinal fusion with instrumentation of the spine, therefore the use of intraoperative remote neurophysiological monitoring is not medically necessary according to the ODG guidelines.

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)**