IMedReviews
14785 Preston Road, Suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 6/06/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient L2 L3 kyphoplasty Back.

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

M.D. Board Certified in Orthopedic Surgery fellowship Trained Spine Surgeon.

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

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	5/17/2012
Insurance Company Utilization Review Findings Response Regarding Disputed Services	 4/30/2012-5/08/2012 5/18/2012
Medical Center Radiology Reports	12/09/2011
P.A. Radiology Reports Office Visit Notes	12/28/2011-4/16/2012 1/02/2012-4/30/2012
M.D. PA Office Visit Note	12/09/2011
diagnostic. Blood Test Reports	12/09/2011

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Physicians & Anesthesia Services. Office Visit Note	2/28/2012
Rehabilitation Initial Evaluation	12/21/2011-3/20/2012

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who fell out of his truck and landed on his bottom on xx/xx/xx. The MRI of the lumbar spine dated 12/29/2011 revealed a compression fracture of the L3 vertebral body, less than 25% loss of vertebral body height, stress/ insufficiency fractures of the sacrum, developmental narrowing of the central canal from L1 through L5. Since then and despite pharmacotherapy, physiotherapy and pain management patient continues to complain of low back pain.

In Dr. note dated 3/05/2012, he states the patient had epidural injection last week after which the patient noticed an increase in the amount of burning type pain in his legs, he stated the doctor was not able to do injection on both sides and tried multiple sites because of the stenosis.
The recent MRI of the lumbar spine dated 4/16/2012 revealed multilevel degenerative changes of the lumbar spine worse at L2-3 where there is 3-mm retrolisthesis.
In Dr. note dated 4/30/2012 he states the patient cannot stand or walk for any length of time.
The treating spine surgeon is requesting lumbar kyphoplasty to alleviate the pain.

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

The requested outpatient L2-3 Kyphoplasty back is medically necessary.

Although ODG recommend a 1/3 reduction of anterior vertebral body height, the primary indication for kyphoplasty is pain rather than reduction restoration. Kyphoplasty has been accepted as a standard of care in the treatment of painful osteoporotic compression fractures in patients failing conservative management.

This patient continues in pain despite conservative care, a follow up MRI continues to show edema consistent with a subacute fracture.

Per ODG references this procedure had been recommended for patients with delayed healing of vertebral compression fractures.

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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: