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Notice of Independent Review Decision

DATE OF REVIEW: May 4, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

T12 Kyphoplasty

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

AMERICAN BOARD OF ORTHOPAEDIC SURGEONS

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

Medical records from the Carrier/URA- include:

- Official Disability Guidelines, 2008
- M.D., 12/05/11
- Diagnostic, 01/16/12
- M.D., 02/16/12, 04/05/12
- Spine, 02/27/12, 04/05/12
- Services Corporation, 03/05/12, 04/11/12
- Associates, 04/03/12

Medical records from the Provider include:

- M.D, 12/05/11
- Diagnostic, 01/16/12
- M.D., 02/16/12, 04/05/12

- Spine, 02/21/12
- Services Corporation, 03/05/12, 04/11/12
- Spine, 04/05/12

PATIENT CLINICAL HISTORY:

The patient is a male who fell and sustained a 40% compression fracture of his L1 vertebra.

The patient was initially treated with bracing and oral narcotics with poor relief. His treating physician has asked to perform a kyphoplasty to treat his compression fracture. This has been denied.

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

Kyphoplasty is somewhat controversial in the present medical literature and according to the ODG Guidelines. The indications for performing this is with failure of treatment of compression fracture, a fracture of 40% loss of vertebral height. In my practice, I do not presently perform the procedure, but have seen my patients who have had the procedure. It is an excellent procedure for treatment of acute pain, and in my experience, this has worked well. However, the medical literature states that the long-term outcome with a kyphoplasty does not differ significantly with that for traditional treatment. However, the patient does experience a prolonged period of the acute pain.

At the present time, the patient is now six months post injury. Kyphoplasty should be performed within the first three months if it is to afford the patient any relief.

Therefore, at the present time, I uphold the denial for performance of this procedure in that the fracture at this time has already healed. Had this been presented earlier, I would have approved it for the aforementioned reasons. It is an approved procedure when there is failure of initial treatment, as was the case in this individual.

If I can be of further assistance, please let me know.

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 (THE SPINE JOURNAL VOLUME 8, ISSUE 3, MAY-JUNE, PAGES 488-497, JOURNAL LIST CURR REV MUSCULOSKELET MED VOLUME 1 MARCH 2008)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (THE LANCET VOLUME 373 ISSUE 9668 PAGES 1016-1024, 21 MSRCH 2009, CLINICAL TRIALS.GOV A SERVICE OF THE U.S. NATIONAL INSTITUTE OF HEALTH)