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NOTICE OF INDEPENDENT REVIEW DECISION

Signed electronically on: Sep/26/2012

DATE NOTICE SENT TO ALL PARTIES: Sep/26/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

INPT T12-L2 Open 360 Fusion w/Corpectomy at L1, 2 day LOS

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

M.D., Board Certified Orthopedic Spine 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that medical necessity is established for INPT T12-L2 Open 360 Fusion w/Corpectomy at L1, 2 day LOS.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Designated doctor evaluation 07/13/11

Physical therapy notes 06/06/11-07/05/11

Emergency room report

Clinical note

MRI cervical spine thoracic spine and lumbar spine 01/20/11

Clinical notes

Radiographs cervical spine thoracic spine lumbar spine 03/15/11

Clinical notes

Radiographs lumbar spine 11/04/11

Radiographs thoracic spine and lumbar spine 11/04/11

Behavioral medicine evaluation 06/11/12

Prior reviews 06/25/12 and 08/22/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury when he fell off a lift landing on the feet. The patient has injuries to the left ankle, left thumb, and back. Initial MRI studies of the thoracic spine and lumbar spine on 01/20/11 revealed degenerative findings at T9 and T10 with a focal disc protrusion impinging on the spinal cord. Normal disc height and signal intensity at

T12-L1 was present. At L1 there was an acute compression fracture at the superior end plate of L1 retropulsing with slight impingement on the conus. Vertebral alignment appeared lost because of the retropulsion of the posterior aspect of L1. The patient was treated with bracing but continued to report pain. The patient was seen by Dr. with complaints of low back pain that was exacerbated by standing, walking, and lying down. The patient did attend physical therapy with no significant improvement. Physical examination revealed no focal neurological deficits. The patient was recommended to continue wearing a brace to allow for fracture healing. No surgical indications were noted. Patient was recommended to restart physical therapy. The patient was felt to be at maximum medical improvement by 08/11. Radiographs of the lumbar spine dated 11/04/11 revealed a wedge compression fracture involving the T12 vertebral body with approximately 45-50% loss of vertebral body height. Minimal wedging at T10-11 was present. The patient was continued with anti-inflammatories for persistent pain and recommended for a TENS unit.

The patient underwent a behavioral medicine evaluation, which revealed no significant findings and the patient was cleared for surgical intervention. The request for lumbar fusion from T12 to L2 with corpectomy at L1 and two day length of stay was denied by utilization review on 06/25/12 as there were no clinical findings of loss of range of motion atrophy weakness impaired sensation loss of reflexes or positive straight leg raise which would support the need for surgical intervention. The request was again denied by utilization review on 08/22/12 as there was no evidence of limited range of motion atrophy or weakness to support the requested procedure.

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

This patient sustained a burst fracture at L1 that resulted in anterior wedge deformities and loss of the disc and loss of the vertebral body height at 50% based on radiographic reports. There was noted retropulsion of fragments of the posterior space on MRI studies. The patient was initially provided conservative treatment to include bracing and physical therapy, which provided short-term benefits only. The patient now has continuing intractable low back pain, which would be expected based on the pathology noted. At this point in time the reviewer agrees the only treatment modality that would be indicated would be the requested surgical procedures. The requested 360 degree fusion from T12 to L2 would be considered standard of care in this case and no further conservative treatment would reasonably address the problems. It is the opinion of the reviewer that medical necessity is established for INPT T12-L2 Open 360 Fusion w/Corpectomy at L1, 2 day LOS and prior denials are overturned.

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)