Notice of Independent Review Decision - WC

IRO REVIEWER REPORT – WC

DATE OF REVIEW:

01/23/12

IRO CASE #:

44345

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

2-3 Day LOS
Hardware Removal T10 Pelvis
Exploration of Fusion
Debridement of Pseudoarthrosis
Revision Fusion
Pedicle Subtraction Osteotomy
Iliac Crest Graft
Bone Marrow Aspirate to Obtain Hemocytes to Promote Healing

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

Board Certified in Orthopaedic Surgery
Certified in Evaluation of Disability and Impairment Rating -
American Academy of Disability Evaluating Physicians

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 or not medical necessity exists for each of the health care services in dispute.

2-3 Day LOS – OVERTURNED
Hardware Removal T10 Pelvis – OVERTURNED
Exploration of Fusion – OVERTURNED
Debridement of Pseudoarthrosis – OVERTURNED
Revision Fusion – OVERTURNED
Pedicle Subtraction Osteotomy – OVERTURNED
Iliac Crest Graft – OVERTURNED
Bone Marrow Aspirate to Obtain Hemocytes to Promote Healing – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- CT Lumbar Myelogram, 01/17/12
- New Patient Evaluation, 07/27/12
- Correspondence 07/27/12
- Correspondence 07/27/12, 08/15/12
- Lumbar/Cervical/Thoracic X-Rays, 08/15/12
- Follow Up Evaluation, 08/15/12, 10/11/12, 12/18/12
- Evaluation, 10/16/12
- Denial Letter, 10/16/12, 11/26/12
- Correspondence 11/01/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was involved in a work related injury that occurred in the late 1990's. He had four operations on his back, three performed that apparently did not help relieve the symptoms and more recently in March of 2010, where he underwent a multilevel lumbar fusion which had been performed to allow the patient to stand erect. After the surgery, he was able to stand erect for several months or so and after that began leaning forward once again and having considerable pain trying to stand up erect. They have worsened gradually since they began. He had undergone physical therapy. Further surgical intervention had been recommended but he had refused at that time. He currently has evidence of flat back syndrome in the lumbar spine due to the prior fusion. He had evidence of flat back syndrome in the lumbar spine, due to the prior fusion. He had been referred who had recommended a lumbar pedicle subtraction osteotomy along with Smith Peterson type osteotomy at the adjacent segments. Most recently, he was complaining of having more difficulty standing erect that he did even when he was seen in June of 2012.

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

The patient has had an extensive surgical history in regards to the claim. He has developed a psuedoarthrosis and has flat back with sagittal imbalance due to the failure of the surgeries. The rods are fractured, and the appropriate imaging study confirms the psuedoarthrosis. The patient does smoke cigarettes and has not yet been weaned from his nicotine. The 2-3 Day LOS; Hardware Removal T10 Pelvis; Exploration of Fusion; Debridement of Pseudoarthrosis; Revision Fusion; Pedicle Subtraction Osteotomy; Iliac Crest Graft are all reasonable and medically necessary. However, there is no prospective high quality peer reviewed studies that Bone Marrow Aspirate to Obtain Hemocytes to Promote Healing would be medically reasonable or

necessary in this instance. The rationale for approval of the surgery can be found in most current textbooks of spinal surgery; the clinical circumstance is outside of the parameters covered by the ODG.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE - SEE ABOVE**