

True Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jul/15/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Removal EBI Electrode Units; Removal of Implant, deep; Exploration of Implant, deep; Exploration of Arthrodesis; Revision Lumbar Spine Surgery; Arthrodesis; Inpatient stay (1 day)

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

Board Certified 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)

It is this reviewer's opinion that the only procedures medically necessary in this case are the removal of the EVI electrode units with removal of implant and a 1 day inpatient stay for postoperative monitoring regarding any complications to include infection or neurological compromise.

The requested exploration of fusion revision lumbar surgery fusion remain not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. No specific mechanism of injury was noted. The patient is status post revision lumbar fusion procedures from L3 through S1 performed on 12/11/13. An invasive bone growth stimulator was placed during the procedures. The patient was followed postoperatively through 2014. The postoperative assessment on 01/07/14 indicated that the patient was doing well with only residual back stiffness without evidence of lower extremity symptoms. On physical examination, there was no paravertebral tenderness to palpation with some tenderness noted over the electronic bone growth stimulator transmitter unit. The patient was instructed to follow up in 8 weeks. Follow up on 03/04/14 recommended the patient to start physical therapy. No changes on physical examination were noted. The patient did attend physical therapy through April of 2014. Follow up on 06/09/14 indicated that the transmitter unit for the electronic bone growth stimulator was not functioning. Radiographs of the lumbar spine were noted to show no evidence of hardware loosening, failure, or other adjacent segment disc disease. Physical

examination continued to note tenderness to palpation over the electronic bone growth stimulator transmitter unit.

The requested procedures to include removal of the EVI electrode units, removal of implant, exploration of implant, exploration of fusion, revision lumbar spine surgery, and a 1 day inpatient stay were non-certified by utilization review on 06/10/14 as there was no further discussion regarding conditions that would require revision lumbar spine surgery to include fusion.

The request was again denied by utilization review on 06/15/14 as there was again no evidence regarding complications from the patient's prior revision fusion procedures to support additional procedures at this point in time.

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

The patient has been followed postoperatively after extensive revision fusion procedures were completed in December of 2013. At the time these procedures were completed, the patient did have an internal electrical bone growth stimulator transmitter unit placed. As of the most recent evaluation, this unit has been tested and found to be non-functioning. On physical examination, there was noted tenderness to palpation over the transmitter unit. Given the non-functioning status of the electronic bone growth stimulator unit, removal of this transmitter device would be medically necessary and standard of care. The clinical documentation submitted for review does not provide any other findings to support the remaining requests for revision of lumbar surgery to include fusion and exploration of fusion. As such, it is this reviewer's opinion that the only procedures medically necessary in this case are the removal of the EVI electrode units with removal of implant and a 1 day inpatient stay for postoperative monitoring regarding any complications to include infection or neurological compromise. The requested exploration of fusion revision lumbar surgery fusion remain not medically necessary.

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES