

Applied Assessments LLC

An Independent Review Organization

2771 E. Broad St. Ste. 217 PMB 110

Mansfield, TX 76063

Phone: (512) 333-7997

Fax: (512) 519-7997

Email: admin@appliedassessments.net

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

June/3/2014

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:

Board Certified Neurosurgery

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury in xx/xxxx while walking. The patient fell forward on the pavement suffering a T12 compression fracture. MRI studies of the thoracic spine from 04/11/14 noted an acute traumatic compression fracture at T12 with 25% reduction of the vertebral body height. There was no evidence of retropulsed bone fragments. The patient was seen on 04/19/14; however, this report could not be interpreted due to poor copy quality. The patient was seen on 04/28/14 with complaints of mid to low back pain ranging from 5-6/10 on the VAS. Multiple medications were noted for this patient to include Boniva and calcium. The patient was utilizing anti-inflammatories. On physical examination, there was tenderness to palpation in the lower thoracic spine. No neurological deficits were identified. The patient was prescribed Hydrocodone at this visit and referred to neurosurgery. The patient was seen on 05/01/14 with continuing complaints of severe low thoracic pain. On physical examination, there was pain to palpation in the lower thoracic area.

The requested T12 kyphoplasty was non-certified by utilization review on 05/05/14 as there was no documentation regarding physical therapy.

The request was again non-certified by utilization review on 05/09/14 as there were no functional deficits and the patient had reported improvement with conservative treatment.

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

The patient presents with lower thoracic and low back pain following her fall on the date of injury which resulted in an acute T12 compression fracture. The patient was noted to be taking medications to prevent osteoporosis. No osteoporotic findings were noted in the clinical record. Per guidelines, kyphoplasty can be considered appropriate in the treatment of compression fractures as a result of osteoporotic conditions. This patient did sustain an acute compression fracture at T12 at 25% loss of the vertebral body height. Other than narcotic medications, there was no discussion regarding the results from conservative treatment. It is reported that the patient was ordered a back brace; however, it is unclear if this was ever used or what the results from bracing were. No physical therapy assessments or indications that the patient did not respond to physical therapy were noted in order to support the surgical procedure per guidelines. Given the lack of documentation regarding an adequate conservative treatment program that failed to control symptoms, it is this reviewer's opinion that the procedures requested are not medically necessary. As such, the prior denials are upheld.

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