

# IRO Express Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Sept/17/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Bone growth stimulator purchase

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

Board Certified Orthopedic Surgery  
Fellowship Trained Spine Surgery

**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.**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who initially presented with lumbar region pain. The clinical note dated 04/19/13 indicates the initial symptoms began and had progressively increased. The patient reported developing right lateral gluteal and right lateral thigh pain as well. The patient rated the pain as 8/10. The note indicates the patient utilizing Celebrex and Ultracet for pain relief. Upon exam, the patient rose from the table slowly and with guarded movements. Tenderness was identified over the right paraspinal musculature and the right lumbosacral region. The note indicates the patient having a positive Patrick's sign. The clinical note dated 01/22/14 indicates the patient continuing with lumbar region pain. There is an indication the patient had previously undergone a preoperative evaluation for a lumbar fusion. The operative report dated 02/11/14 indicates the patient undergoing an open reduction and internal fixation at the L3-4 level to address the spondylolisthesis. The patient also underwent an extreme lateral interbody fusion at L3-4 with intrathecal cage placement. The operative report dated 02/12/14 indicates the patient having undergone a 2<sup>nd</sup> stage of a decompression and fusion. The clinical note dated 05/15/14 indicates the patient continuing with low back pain that was rated as 7/10. The note indicates the patient had been doing well. There is an indication the patient had a new injury when she had a fall onto her buttocks on xx/xx/xx. The note indicates the patient having a current smoking habit of 10 cigarettes every day for the past 20 years. X-rays revealed no hardware loosening. The cage was well-placed at L3-4, L4-5, and L5-S1. The clinical note dated 06/16/14 indicates the patient continuing with low back complaints. There is an indication the patient had demonstrated some improvement with activity modifications.

The utilization review dated 05/22/14 resulted in a denial as insufficient information had been submitted confirming the need for a bone growth stimulator in the lumbar region.

The utilization review dated 07/08/14 resulted in a denial as no imaging studies were submitted confirming the patient's significant pathology that would likely benefit from the use of a bone growth stimulator.

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

The documentation indicates the patient having undergone a decompression and fusion at the L3-4 level. The use of a bone growth stimulator would be indicated provided the patient meets specific criteria to include x-rays indicating significant findings likely to benefit with the use of a bone growth stimulator. No postoperative imaging studies were submitted for review confirming insufficient healing in the lumbar spine. Without imaging studies confirming the patient's significant pathology, this request is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for a bone growth stimulator purchase is not recommended as 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**