

True Decisions Inc.

An Independent Review Organization

Phone Number:
(512) 298-4786

2771 E Broad St. Suite 217 #121
Mansfield, TX 76063

Email:truedecisions@irosolutions.com

Fax Number:
(512) 872-5099

Notice of Independent Review Decision

Case Number:

Date of Notice: 06/13/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopaedic Surgery

Description of the service or services in dispute:

Durable medical equipment purchase of EBI/Zimmer Biomet external bone growth stimulator for the cervical spine

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)

Patient Clinical History (Summary)

1. The patient is a male who reported an injury on XX/XX/XX. The mechanism of injury was not provided in the medical records. The patient presented with complaints of pain to the neck radiating into the right shoulder, arm, and into the entire hand, which started after abrupt movement of his neck at work. MRI demonstrated degenerative disc disease at C5-6 and C6-7 with paracentral disc herniations and foraminal stenosis at those levels. He had an EMG and nerve conduction study, which demonstrated acute right C6-7 neuropathy. The patient was previously managed with 12 physical therapy sessions with no effect. He also underwent a right C7 epidural steroid injection which helped him for 2 days, but then his pain returned and got worse. The patient then underwent an ACDF C5-6 and C6-7 on XX/XXXX. According to a Letter of Medical Necessity dated XX/XXXX, it was noted the patient was at risk for a failed fusion given he had undergone a multilevel spinal fusion and had a history of tobacco use.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The Official Disability Guidelines state bone growth stimulator in the treatment of neck and upper back conditions is under study. The guidelines further state criteria for use for invasive or noninvasive electrical bone growth stimulator may be considered medical necessity as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: 1 or more previous failed spinal fusions; grade 3 or worse spondylolisthesis; fusion to be performed at more than 1 level; current smoking habit; diabetes, renal disease, alcoholism; or significant osteoporosis which had been demonstrated on radiographs. The documentation submitted for review indicated the patient underwent an ACDF at C5-6 and C6-7 on XX/XXXX. Although the patient was not shown to have a current smoking habit, the patient was noted to have undergone a fusion that was performed at more than 1 level. Therefore, the request for durable medical equipment purchase of EBI/Zimmer Biomet external bone growth stimulator for the cervical spine is medically necessary and the previous determination is overturned.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)