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Date notice sent to all parties:

December 31, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

thoracic T12 kyphoplasty and bone biopsy

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male. On XX/XX/XX, an MRI of the lumbar spine was obtained showing diffuse edema of the superior end plate of T12 extending into the vertebral body, involving the superior half from a recent compression fracture with slight loss of height of the superior end plate, without significant retropulsion noted and mild impression on the thecal sac. On XX/XX/XX, a consultation note was obtained noting the patient had undergone a prior L4-5 laminectomy in the remote past, with a chronic foot drop, and he was seen in the emergency room for severe lumbar pain. He was in a pick on a ranch when he hit a ditch, and went up and down three times, hitting his head on the roof. He was an unrestrained passenger. He denied loss of consciousness. He was subsequently seen and found to have a right L2-3 and T12 compression

fracture. On exam, he had motor strength 5/5 in the upper and lower extremities except for right foot drop with 0/5 dorsal flexion, right EHL, and 2/5 plantar flexion chronic in nature, with right plantar flexion at 4/5. Sensation was decreased in an L4-5 distribution. Reflexes were 1+ at the patella absent the right Achilles and 1+ at the left Achilles and 1+ in the upper extremities. No step off was noted with pain at the T12 region. No surgical intervention was recommended at that time, he wished to be placed in a brace for a total of 3 months. He was informed if was not improved after that, a minimally invasive thoracic T12 kyphoplasty would be recommended. On XX/XX/XX, an MRI of the thoracic spine revealed mild loss of height of the T12 vertebral body, with superior end plate collapse and diffuse edema. No retropulsion or compression of the spinal canal was noted. On XX/XX/XX, x-rays of the lumbar and thoracic spine were obtained showing a compression fracture of the T12 body with 50 percent height loss of the anterior vertebral body per the lumbar spine x-ray. On XX/XX/XX, the patient was seen in clinic. It was noted he had been treated conservatively in a brace for the previous 6 weeks, and continued to complain of back pain. It was noted he was unable to ambulate for more than a few feet without having to sit and rest. Sensation was intact, and strength was 5/5 times 3 and he had evidence of a right chronic foot drop. He had a positive straight leg raise on the right lower extremity. A T12 kyphoplasty with bone biopsy was recommended. It was noted there was progression of the deformity from 10 percent to 50 percent compression with severe pain at 10/10.

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

On XX/XX/XX, a utilization peer review report noted the requested procedure, a thoracic T12 kyphoplasty and bone biopsy, was not certified. Official Disability Guidelines kyphoplasty reference was utilized, and it was noted that kyphoplasty is recommended for individuals with pathological fractures due to vertebral body neoplasms, but was currently under study for other forms of compression fracture including osteoporotic compression fracture and trauma related fracture. On XX/XX/XX, a peer clinical review report noted requested outpatient thoracic T12 kyphoplasty and bone biopsy was non-certified. Official Disability Guidelines kyphoplasty reference was utilized, and it was noted there was no documentation that the effected vertebra was at least 1/3 of its original height, no documentation of lack of improvement with additional medical treatment such as medications and therapy, and the guidelines recommend the procedure for compression fractures due to osteolytic metastases, myeloma, hemangioma, or lack of improvement with medical treatment such as medications, brace therapy, and the absence of alternative causes for pain such as a herniated disc should be ruled out. Therefore the requested surgery was not supported.

Official Disability Guidelines low back chapter, updated XX/XX/XX, states that a kyphoplasty is recommended as an option for those patients with pathological fractures due to vertebral body neoplasms, but is under study for other vertebral

compression fractures, consistent with recent higher quality discouraging studies of a similar procedure. There should be also documented lack of satisfactory improvement with medical treatment including medications, brace therapy, and absence of alternative causes for pain such as a herniated disc. The effected vertebra should be at least 1/3 of its original height and fracture age should not exceed 3 months, since studies do not evaluate older fractures.

Records indicate the patient was evaluated on XX/XX/XX, and an apparent acute recent compression fracture was noted. The most recent x-rays dated XX/XX/XX, show a compression fracture of one of the vertebra stated to most likely be L1. It was noted on addendum, on further review, the compression fracture was at T12 not L1. The records do not indicate the effected vertebra is at least 1/3 of its original height, they do not indicate this procedure is for osteolytic metastases, myeloma, or hemangioma. It is for a trauma related compression fracture from when the patient was in a vehicle that hit several bumps apparently causing the compression fracture.

It is the opinion of this reviewer that the request for outpatient surgery, thoracic T12 kyphoplasty and bone biopsy, is 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

**Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, low back chapter, updated 12/02/15
Indications for Surgery – Kyphoplasty**

(1) Presence of unremitting pain and functional deficits due to compression fracture from:

(a) Osteolytic metastasis, myeloma, hemangioma

[Recommended]

(b) Osteoporotic compression fractures [Under study];

(2) Lack of satisfactory improvement with medical treatment (e.g. medications, bracing, therapy);

(3) Absence of alternative causes for pain such as herniated intervertebral disk by CT or MRI;

(4) Affected vertebra is at least one third of its original height. (Ledlie, 2006)

(5) Fracture age not exceeding 3 months, since studies did not evaluate older fractures.

For average hospital LOS if criteria are met, see Hospital length of stay (LOS).