Specialty Independent Review Organization

Date notice sent to all parties: 3/12/2018

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of a thoracic kyphoplasty, inpatient stay-one day, and surgical assistant.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic 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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a thoracic kyphoplasty, inpatient stay-one day, and surgical assistant.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a XXXX who was injured on XXXX, in a XXXX, striking the top of the head, and having brief loss of consciousness. The claimant was diagnosed with a wedge compression deformity at T11-T12 with a closed fracture. A CT on XXXX, documented an acute mild compression of the superior endplate of T8 with loss of height by approximately 10-15%. There was an acute compression of T11 that could not be excluded. An MRI on XXXX, documented a mild anterior wedge compression fracture at T7-T8 and T10. There was a moderate anterior wedge fracture of T11. X-rays of the thoracic spine on XXXX, documented mild anterior wedge compression fractures of T7, T8, and T10. There was a moderate anterior wedge compression fracture of T11 and mild degenerative spondylosis at T7-T11. There was prior treatment included use of NSAIDs, oral pain medications, muscle relaxants, neuropathic medications, physical therapy, a home exercise program, and TLSO bracing. There was no surgery to date. An evaluation on XXXX, documented continued high levels of mid back pain. There was pain of 7-8/10 on a Visual Analog Scale. There was tightness and tenderness in the thoracic area with guarding noted. Pain was noted on pressure over the right rhomboids. Flexion was 45 degrees with pain,

extension was 25 degrees with pain, and right and left rotation was decreased at 25 degrees with pain. Overall strength was 4/5. Surgery was recommended. A Designated Doctor Evaluation indicated the claimant had reached Maximum Medical Improvement with an assigned impairment rating in XXXX. There had been an outpatient traumatic brain injury program.

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

The appeal is for a thoracic kyphoplasty with surgical assistant and one day inpatient length of stay. This procedure is recommended as an option for pathological fractures due to vertebral body neoplasms. This is under study for vertebral compression fracture deformities. Records do not reflect underlying metastatic disease or myeloma. There was no underlying osteoporosis noted. Persistent pain complaints were noted without documentation supporting a direct causal relationship to the fracture. The fracture is almost one year old. This procedure has not been studied for the benefit of fractures with an age exceeding three months. Since the requested procedure is not indicated this obviates the need for an assistant surgeon or length of stay. The request for an appeal of a thoracic kyphoplasty with surgical assistant and one day inpatient length of stay is not medically necessary.

Official Disability Guidelines Treatment Integrated Treatment/Disability Duration Guidelines Low Back - Lumbar and Thoracic (Acute and Chronic) (updated 12/28/17) Kyphoplasty Recommended as an option for patients with pathologic fractures due to vertebral body neoplasms, who may benefit from this treatment, but under study for other vertebral compression fractures, consistent with recent higher quality discouraging studies of a similar procedure, vertebroplasty (Kallmes, 2009) (Buchbinder, 2009), and any use for osteoporotic compression fractures should be restricted to selected patients failing other interventions (including bisphosphonate therapy) with significant unresolved pain. 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 disc 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). Kyphoplasty (ICD 81.66 - Percutaneous vertebral augmentation) Actual data -- median 4 days; mean 5.4 days (±0.2); discharges 23,458; charges (mean) $46,593 Best practice target (no complications) -- 3 days Surgical assistant Recommended as an option in more complex surgeries as identified below. An assistant surgeon actively assists the physician performing a surgical procedure. Reimbursement for assistant surgeon services, when reported by the same individual physician or other health care professional, is based on whether the assistant surgeon is a physician or another health care professional acting as the surgical assistant. Only one assistant surgeon for each procedure is a reimbursable service, without exceptions for teaching hospitals or hospital bylaws. The following low back surgical procedure CPT codes are eligible for a surgical assistant: 20930; 20931; 20936; 20937; 20938; 22224; 22226; 22548; 22558; 22585; 22612; 22614; 22630; 22632; 22830; 22840; 22841; 22842; 22843; 22844; 22845; 22846; 22847; 22849; 22850; 22851; 22852; 22855; 63005; 63011; 63012; 63017; 63030; 63035; 63042; 63044; 63047; 63048; 63056; 63057; 63170; 63185; 63190; 63200; 63267; 63268; 63272; 63273; and 69990. (CMS, 2014)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**

☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**

☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**

☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**

☐ **INTERQUAL CRITERIA**

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

☐ **MILLIMAN CARE GUIDELINES**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**

☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**

☐ **TEXAS TACADA GUIDELINES**

☐ **TMF SCREENING CRITERIA MANUAL**

☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**