

DATE OF REVIEW:

06/26/2007

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Post cervical fusion at C1 - C3 and possible foraminectomy at C3 - C4 using CPT codes 22590, 63075, 22845, 20938 with a two day length of stay.

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

Doctor Board Certified.

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 or not medical necessity exists for each of the health care services in dispute.

Post cervical fusion at C1 - C3 and possible foraminectomy at C3 - C4 using CPT codes 22590, 63075, 22845, 20938 with a two day length of stay is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 06/08/07
- MCMC Referral dated 06/08/07
- DWC: Notice to MCMC, LLC of Case Assignment dated 06/08/07 from
- Letter dated 06/08/07 from
- WebMaster: Memo dated 06/05/07
- Form For Requesting A Review By An Independent Review Organization, undated
- LHL009: Request For A Review By An Independent Review Organization dated 05/25/07
- Letter dated 05/04/07 from, M.D.
- LVN: Date of verbal notification to requestor note dated 05/03/07
- Letter dated 04/26/07, M.D.
- Undated list of Providers with demographic information

PATIENT CLINICAL HISTORY [SUMMARY]:

Although no notes were provided, the prior reviews indicate the injured individual had two dates of injuries (xx/xx/xx motor vehicle accident {MVA} and xx/xx/xx Worker's Compensation {WC}). Her diagnosis is non-union of a C2 odontoid fracture. Her clinical symptoms are minimal to none with a reported pain score 1/10. She was counseled by her attending physician (MD) about surgical versus non-surgical options and appears to have chosen surgery, which was denied twice.

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

The injured individual is a female with date of injury xx/xx/xx. The injured individual has a C2 fracture. There is no documentation of conservative care, no physical findings although the prior reviews indicate she has none, and a reported pain score of 1/10. Surgery was denied based on her minimal complaints and lack of neurologic or physical findings. There is nothing in this review that would negate that denial and it is 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****PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION):**

1. Neurosurg Focus. 2000 Jun 15;8(6):e7. Kuntz C.
2. Neurosurg Focus. 2000 Jun 15;8(6):e1 Julien TD.
3. Spine J. 2005 Mar-Apr;5(2):123-9. Grauer JN.