

Applied Resolutions LLC

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 11/25/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior Cervical discectomy and fusion at C3/4 level with 23 hour observation

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 9/16/08 and 9/29/08

Clinic notes Dr. 04/22/2008, 05/13/2008, 06/12/2008, 07/10/2008, 09/02/2008

Exams 1/14/08, 5/5/08, and 6/24/08

Records from 9/2/08, 7/10/08, 4/22/08

X-Ray 4/22/08

MRI 2/22/08

OP Report 8/27/08 and 6/6/08

Peer Review 9/15/08

Record from 6/24/08

Pictures of MRI of the cervical spine 02/22/2008)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year-old male with a date of injury xx.\xx/xx, when his right upper extremity was pinned between a basket and a wall when a fork-lift driver drove forward. He complains of shoulder pain. On examination there is a positive Spurling's sign. There is also some mild weakness of shoulder abduction. A MRI of the right shoulder reveals minor degenerative changes of the AC joint with downsloping of the acromion causing impingement on the supraspinatus tendon. There is abnormal signal within the supraspinatus muscle on T2 images consistent with muscle injury.

An MRI of the cervical spine 02/29/2008 showed a 2-3mm disc bulge at C3-C4 with mild foraminal narrowing. A subacromial injection relieved the shoulder pain. A cervical ESI also relieved shoulder pain, but a second one did not. The provider is recommending a C3-C4 ACDF.

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

Based on the submitted documentation, the C3-C4 ACDF is medically necessary. The claimant has failed conservative measures including, PT, ESI's , and pain management. He has pain in the C4 distribution on the right, imaging that correlates with this and evidence of cervical nerve root tension (Spurling's sign). There is neuroforaminal narrowing on the right at C3-C4. He received significant improvement from his first ESI injection. This is his likely pain source, and an ACDF at C3-C4 is warranted.

References/Guidelines

2008 *Official Disability Guidelines*, 13th edition

“Neck and Upper Back” chapter:

Does not address C4 radiculopathy

[J Spinal Disord.](#) 2000 Aug;13(4):345-9.

Neck pain secondary to radiculopathy of the fourth cervical root: an analysis of 12 surgically treated patients.

[Jenis LG, An HS.](#)

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 KNOWLEDGBASE
- 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)