

I-Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/10/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Removal of hardware, revision ACDF C4-5; ACDF C5-6, 6-7 with PEEK, ICBG and instrumentation

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

M.D., 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 1/23/09, 3/9/09
Request for Preauthorization
Clinical Pathology Laboratories, Nicotine, 2/27/09
Doctors Notes, 1/7/09, 12/5/08, 6/27/08, 3/24/08, 1/26/08
Cervical Spine CT Post Myelogram, 12/23/08
Surgical Orders, 1/7/09
Patient Info, 6/20/05

PATIENT CLINICAL HISTORY SUMMARY

This is a patient who had a prior anterior cervical discectomy and fusion from C3 to C5 and has a documented C4/C5 pseudoarthrosis. The patient was a but currently nicotine testing has been shown to be negative. Previous reviewer denied this on the basis that the patient needed to stop smoking. There have been no studies performed, or none at least within the medical records provided, that document the C4/C5 arthrosis being a pain generator. There is some decreased visualization of the right C5 nerve root sleeve, suggestive of C4/C5 foraminal narrowing, and there is some kyphosis of the posterior cord at C3. There is spondylosis at C6/C7. There is noted to be poor visualization and some truncation of the

roots on the right at C7 and C5, suggesting spondylosis as mentioned above. There is no documentation within the medical records whether these findings are symptomatic.

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

The medical records provided for this review do not demonstrate whether or not the C4/C5 level is symptomatic in this patient's case. The medical records also do not explain why posterior fusion to revise this particular pseudoarthrosis is not being entertained. It is for these reasons, i.e. first that the C4/C5 pseudoarthrosis has not been documented as the pain generator, and secondly, the explanation of why a procedure posteriorly which would result in a high level of fusion has not been explained within the medical records. It is for these reasons that the previous determinations are upheld. The reviewer finds that medical necessity does not exist for Removal of hardware, revision ACDF C4-5; ACDF C5-6, 6-7 with PEEK, ICBG and instrumentation.

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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