

SENT VIA EMAIL OR FAX ON
Jul/26/2009

Applied Resolutions LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/20/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Total Disk Replacement C3/C4 with Removal of Hardware with 1-2 day Inpatient Stay

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

Board Certified Neurologist with 30 years experience in clinical practice

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 5/14/09 and 4/20/09

Dr. 4/4/07 thru 5/7/09

OP Report 5/28/04

MRI 5/24/07

PATIENT CLINICAL HISTORY SUMMARY

No clinical history of injury is recorded. There is history of neck pain and decreased range of motion of the neck. There is previous neck surgery with multilevel cervical fusion. He has bridging osteophytes at C3-4, one level above the fusion. Neurological examination was not performed.

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

This patient has chronic neck pain with no objective evidence for nerve root compression. Little information is supplied about the patient's activities during the time post injury. He is not working. Is he exercising to maintain muscle tone? Is he tossing and turning at night as a mechanism of continuing pain? Is he misusing narcotic medication by performing strenuous

activity after narcotic use? All of the above questions are important factors in determining the medical necessity of the request. Any surgery should be a last resort. Disk replacement is still experimental** and has been limited so far to cases with radiculopathy and myelopathy.* The ODG does not recommend surgery in this clinical setting.

*Clinical effect of cervical artificial disc replacement on two-segment cervical spondylosis Liu J, Zhang H, Li K, Li X.Zhongguo Xiu Fu Chong Jian Wai Ke Za Zhi. 2009 Apr;23(4):385-8. Chinese.

** Cervical disc replacement in patients with and without previous adjacent level fusion surgery: a prospective study.Phillips FM, Allen TR, Regan JJ, Albert TJ, Cappuccino A, Devine JG, Ahrens JE, Hipp JA, McAfee PC. Spine (Phila Pa 1976). 2009 Mar 15;34(6):556-65.

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)