

SENT VIA EMAIL OR FAX ON
Jun/24/2009

Applied Assessments LLC

An Independent Review Organization

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DATE OF REVIEW:

Jun/17/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

23 hour ACDF C6-7, removal of plate C5-6

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 5/13/09 and 5/22/09

Ortho 7/1/08 thru 4/30/09

Spine & Rehab 3/3/08

Pain & Recovery 10/26/04

Therapy & Diagnostic 7/1/08 thru 4/30/09

MRI's 7/15/08, 6/4/07, 12/30/05

X-Ray 7/1/08

Medical 6/3/06

EMG 11/8/06

Imaging Center 12/30/05, 11/8/05, and 2/25/05

Spine Surgery 7/20/04

OP Report 5/27/04

PATIENT CLINICAL HISTORY SUMMARY

On xx-xx-xx Mr. suffered neck and right shoulder injuries when he tripped over a pipe. Details of the injury are not available. Medical records are available to review from May 27, 2004. but the first H&P available is October 26, 2004. The past history obtained at that time showed an anterior cervical fusion at C5-6 and a right rotator cuff surgery. No neurological exam was performed but there was decreased ROM of neck and right shoulder. H&P on June 14, 2006 said there was no radicular pain but glove like numbness in both hands up to the distal third of the forearms. Biceps and triceps jerks were 4+, ROM of neck and shoulder was improved.

No other details of the neurological exam were mentioned. H&P on March 3, 2008 said radiating pain down right arm, neck and shoulder pain was present. Hypoesthesia to pinprick in right C7 distribution, "weakness of right wrist dorsiflexors" and positive spurling's sign were present. Again no other details of the neurological exam are mentioned. H&P on July 1 and September 5, 2008 reported carpal tunnel releases early on in the injury, as well as 2 additional rotator cuff repairs. ROM of the right upper extremity was limited due to shoulder pain, decreased ROM on neck, positive spurling's sign, absent brachioradialis jerk with symmetric other reflexes and weakness of wrist dorsiflexors were documented. On April 30, 2009 "some reproducible clonus" is in the lower extremities. An MRI of c-spine on 7/15/08 shows marked cord compression at C6-7. Cervical myelogram on 2/25/05 also showed cord indentation at C6-7. Flexion extension views of c-spine show 4mm retrolithesis of C4 on C5 in extension.

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

This patient has chronic neck and right shoulder pain. It is unclear from the medical records if the patient's condition is static or slowly progressive. The major concern in this patient is progressive myelopathy. Although no information is available concerning his current activities, the Reviewer assumes he is unable to work. In order to make any decision on how to treat this patient, detailed neurological examination over time by the same neurologist/neurosurgeon and review of his imaging studies over time would be necessary. (E.g. if the upper extremity reflexes are indeed 4+, the level of the myelopathy is above C5. Are the pectoral jerks also increased? If so, a C6-7 fusion would not correct the problem.) The ODG does not recommend this procedure in this clinical setting.

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)