

SENT VIA EMAIL OR FAX ON  
Jul/08/2009

## Pure Resolutions Inc.

An Independent Review Organization  
1124 N Fielder Rd, #179  
Arlington, TX 76012  
Phone: (817) 349-6420  
Fax: (512) 597-0650  
Email: manager@pureresolutions.com

**DATE OF REVIEW:**

Jun/29/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Anterior Cervical Discectomy C5-6, C6-7, Fusion (allograft) C5-6, C6-7 plating C5-7, 1 day hospital in-patient stay day and Left Carpal Tunnel Release, DME; hard collar

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

Board Certified Neurologist

**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 6/8/09, 6/2/09, and 6/12/09

Neurology 7/11/08 thru 1/6/09

Electromyography Report 12/11/08

Radiology Reports 10/13/08 and 3/13/06

MRI 6/21/08 and 4/21/07

**PATIENT CLINICAL HISTORY SUMMARY**

On xx-xx-xx, Mr. was injured when he fell from the top of a truck with a C1-2 fracture resulting. After recovering from the fracture, the major complaint is persistent neck pain not responding to conservative treatment. Exam in July, 2008 shows decreased left grip strength, 4-/5 strength in left biceps and triceps, 4+/5 in right biceps and triceps, generally decreased reflexes and no other motor or sensory deficit. Nerve conduction studies are consistent with mild to moderate carpal tunnel syndrome. The EMG shows 1+ fibrillation in the bilateral deltoids. An MRI on June 23, 2008 revealed multi-level spondylosis, unchanged from 2007. He has required chronic narcotic medication for pain relief. He has not returned to work since his injury.

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

This patient has gross weakness of the biceps and triceps on the only neurological exam

performed. It does not correlate with the minor EMG changes in the deltoid. Is the motor weakness give-way weakness secondary to pain or Is the loss of left grip strength secondary to carpal tunnel? This info is important in determining the medical necessity of this case. No detailed evaluation of muscle strength or possible atrophy is presented. What repetitive use of the hands is present or what other disease associated with carpal tunnel has been considered? No EMG of median nerve muscles of the hand was obtained. No interval history describing patient activity between 2000 and 2008 is available. No consideration is given to a possible psychiatric diagnosis such as malingering, loss of self-esteem, depression and/or addiction to narcotic medication. In short, there is no definitive evidence of neurological deficit in a radicular distribution that would meet ODG requirement for cervical surgery; although there is EMG evidence of mild to moderate carpal tunnel syndrome, there is meager clinical correlation and appropriate conservative therapy has not been prescribed.

**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)