

SENT VIA EMAIL OR FAX ON
Mar/04/2009

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/03/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ACDF @ C5-7

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 2/11/09 and 2/4/08

Record from Dr. 1/22/09

Records from Spine & Rehab 10/24/08 and 11/21/08

MRI of the cervical spine report 10/27/08

Diagnostics 11/25/08

Therapy & Diagnostics 1/22/09

Instructional Course Lectures Spine

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a date of injury xx/xx/xx when an elevator door hit the back of his head. He had had PT and pain medications. He has also seen a chiropractor. He complains of neck pain and occasional numbness to his left hand. His neurological examination reveals decreased sensation in the left C7 distribution. He has weakness of the left triceps and wrist extensors. Spurling's sign produces pain in his left hand. EMG/NCV reveals left C6 and C7 radiculopathies and bilateral carpal tunnel syndrome. An MRI of the cervical spine 10/27/2008 reveals a disc bulge at C5-C6 with mild compression of the thecal sac and mild encroachment of the exiting foramen at C6-C7 there is a left paracentral disc/osteophyte

complex causing moderate thecal sac compression and encroachment on the left neuroforamen.

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

The surgery is medically necessary. The claimant has objective evidence of both C6 and C7 radiculopathies on the left, both by EMG and by neurological examination. His neuroimaging reveals neuroforamen compromise at both C5-C6 and C6-C7 that correlates with this. He has had PT, medications, and seen a chiropractor. This should be sufficient conservative therapy. The surgery is therefore appropriate and medically necessary.

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)