

SENT VIA EMAIL OR FAX ON
Nov/12/2009

Applied Resolutions LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/12/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

IP Emergency Admit

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 10/7/09 and 9/30/09

9/22/09 thru 9/30/09

FOL 10/28/09

Dr. 8/10/09 thru 8/20/09

Electromyograph 8/12/09

Radiology Report 8/17/09 and 8/18/09

PATIENT CLINICAL HISTORY SUMMARY

Mr. had neck pain and right arm pain since xxxx. It was made worse in xxxx while pulling some doors. Anterior cervical discectomy and fusion at C3-4 and C6-7 was done prior July 2009. Treating notes are available beginning 8/10/09. Examination at that time showed a "breakaway weakness" in upper and lower extremities and normal sensation. EMG showed "probable C5-6 radiculopathy"; CT showed disk-osteophyte complex at C5-6 causing moderate foraminal narrowing on the right. On August 20, 2009 surgery was proposed to remove the previous plates and do a 4 level fusion. The next available note is from the ER on 9/22/2009 with complaint of intractable neck pain for two days. Neurological examination was essentially unchanged except for a positive Hoffman's sign not mentioned in previous the previous exam. Marked para-spinal neck tenderness was noted. IV Valium is the only treatment rendered in the ER.

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

This patient complains of intractable neck pain in the ER but no new neurological deficit to explain the pain. IV valium can be an effective muscle relaxant but no evaluation of its effects is recorded. No analgesic medication was administered in the ER to see if pain could be relieved. Unless the patient could not be afforded symptomatic relief, no hospitalization is indicated. No neurological emergency was documented.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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