SENT VIA EMAIL OR FAX ON
Oct/19/2009

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Oct/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
1 day in-hospital stay and ACDF (anterior cervical diskectomy fusion) C4-6

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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
On xx/xx/xx, xxxx. injured her neck while turning a patient in bed causing severe neck pain radiating to both shoulders. No treating notes are available until 6/16/09. Examination showed a ”weak triceps”; later weak left wrist extensors, mildly weak elbow flexion and extension bilaterally and a C6-7 sensory deficit on the left. MRI on 6/16/09 showed a disk bulge at C4-5 and a central disk protrusion at C5-6 causing mild spinal stenosis. EMG is said to show acute C7 radiculopathy, mild carpal tunnel on the right and a sensory mono-neuropathy of the right ulnar nerve.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
This patient complains of neck pain radiating down the left arm and right shoulder pain. EMG and examination suggest left C7 radiculopathy that does not correlate with the MRI findings. Thus there is not demonstrated a fixed structural lesion causing radiculopathy. In this clinical situation conservative therapy is almost invariably successful in relieving the radicular symptoms. Little information is supplied about the patient’s activities during the time post injury. Is she exercising? Is she tossing and turning at night as a mechanism of continuing pain? Is she misusing narcotic medication by performing strenuous activity after narcotic use? Surgery should not be performed unless the pain correlates with a surgical lesion. The ODG does not recommend surgery 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)