

US Decisions Inc.

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (512) 782-4560
Fax: (207) 470-1085
Email: manager@us-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/01/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior cervical discectomy and fusion autograft, locking plate C4-C6, C5-C6, 2 days inpatient stay

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

MD, Board Certified Orthopedic Surgeon

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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 6/26/09, 7/10/09
MD, 6/23/09
Progress Note, 6/10/09
MRI Cervical Spine and Thoracic Spine, 2/12/08
Surgery Pre-Auth Forms, 6/24/09

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who apparently was injured in a motor vehicle accident on xx/xx/xx. She complains of some clumsiness and weakness of the hands. She has had injections, physical therapy, and medications with little relief. The MRI scan does not show any critical stenosis centrally. The physical examination shows intact motor strength, intact sensation, and intact reflexes in the upper extremities. There were no documented findings of myelopathy on physical examination. The reports from the radiologist and from the operating surgeon do not indicate any critical canal stenosis. The request is for decompression of the central canal.

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

Based upon the absence of physical findings and the absence of objective findings on the imaging studies confirming potential myelopathy, and in particular no evidence of any cord changes on the MRI scan, this combined with the absence of myelopathic clinical findings and physical finding, the complaints of clumsiness do not meet guidelines to warrant invasive surgical procedure. This request neither conforms to Official Disability Guidelines and Treatment Guidelines nor to generally accepted clinical medical judgment. The reviewer finds that medical necessity does not exist for Anterior cervical discectomy and fusion autograft, locking plate C4-C6, C5-C6, 2 days inpatient stay.

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)