

SENT VIA EMAIL OR FAX ON  
Apr/01/2010

## 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

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/01/2010

**IRO CASE #:**

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

Anterior Cervical Discectomy and Fusion @C3-4 with instrumentation.

**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 2/17/10, 3/19/10, 1/15/10

Peer Review 1/14/10

CT Cervical Spine and Myelogram 11/26/08

Dr. 8/29/05 thru 12/4/09

OP Report 9/27/06

FCE 1/10/08

1/4/07 thru 4/10/07

MRI 4/26/04 and 11/30/09

Letter from Patient 3/16/09

8/24/09

9/9/08

About 70-80 images from MRI 11/30/09

142 Pages from the URA 3/2004 thru 3/2010

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male with a date of injury xx/xx/xx, when he was involved in an MVA. He is status post C4-C7 ACDF on 09/27/2006. He complains of significant neck pain with left upper extremity pain with weakness in the left biceps and brachioradialis and atrophy of the intrinsic hand muscles. There is severe hyperesthesia in the C4 distribution on the right. An MRI of the cervical spine 11/30/2009 reveals at C3-C4 a posterior central disc protrusion with mild thecal sac indentation and only a suggestion of minimal cord indentation. EMG/NCV studies 11/19/2008 show mild C5-C6 radiculopathies bilaterally and significant bilateral carpal tunnel syndrome. The provider is requesting an anterior cervical discectomy and fusion at C3-C4 with instrumentation.

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

The C3-C4 ACDF is not medically necessary. The claimant has no objective evidence of a radiculopathy or myelopathy. The findings on examination and EMG do not correlate with the C3-C4 level and likely have to do with lower levels that were involved in the prior surgery. The neuroimaging demonstrates no significant neuroforaminal stenosis or cord compression. There is no instability noted at this level. According to the ODG, "Neck and Upper Back" chapter, "an abnormal imaging (CT/myelogram and/or MRI) study must show positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings". The claimant's condition does not meet the ODG criteria for a cervical discectomy, and the procedure is, therefore, not medically necessary.

**References/Guidelines**

2010 *Official Disability Guidelines*, 15th edition

**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)