

SENT VIA EMAIL OR FAX ON
Feb/03/2010

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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/02/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ACDF C5-6

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 1/12/10 and 12/18/09

MRI 10/9/09

Diagnostics 11/04/08 thru 12/3/09

Dr. 8/11/08 thru 12/3/09

Imaging 8/7/09

Diagnostics 7/30/08

MRI 7/16/08

11/11/09

Dr. 8/6/09

Dr. 6/20/08

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a date of injury xx/xx/xx, when he fell off a bed of a truck and hit his head, losing consciousness. He complains of neck and right shoulder pain. He is status post right shoulder rotator cuff repair on 01/20/2009. He has had pain management, physical therapy, and ESIs. His examination reveals a positive Spurling's sign on the right and diminished sensation along the thumb, index, and middle fingers of the right hand. Reflexes are symmetric and motor strength is difficult to assess due to pain at the shoulder. An EMG/NCS on 07/30/2008 showed a mild right medial antebrachial sensory neuropathy. A MRI of the cervical spine 07/16/2008 reveals a 2mm diffuse herniation of C5-C6 with no evidence of neuroforaminal encroachment. The provider states in a note dated 12/09/2008; "...when I look at the films, if there is any pathology to be commented on I would have thought it would be at C4-C5". The provider is now requesting an ACDF at C5-C6.

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

The C5-C6 ACDF is not medically necessary. The claimant has no objective evidence of a C6 radiculopathy. Moreover, his neuroimaging from 2008 does not indicate and nerve root compression. In addition, it appears that the provider did not believe the C5-C6 level to show any significant pathology in the initial stages of evaluation. Further insight is needed to understand how this interpretation of the imaging and clinical picture has changed. According to the ODG, "Neck and Upper Back" chapter, "There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level". In addition, "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 MRI of 2008 does not shows any nerve root involvement. For all these reasons, then, the requested procedure is not medically necessary.

References:

2010 *Official Disability Guidelines*, 15th edition

"Neck and Upper Back" chapter:

Occupational and Disability Guidelines, "Neck and Upper Back" chapter

ODG Indications for Surgery -- Discectomy/laminectomy (excluding fractures): Washington State has published guidelines for cervical surgery for the entrapment of a single nerve root and/or multiple nerve roots. (Washington, 2004) Their recommendations require the presence of all of the following criteria prior to surgery for each nerve root that has been planned for intervention (but ODG does not agree with the EMG requirement): A. There must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test. B. There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level. Note: Despite what the Washington State guidelines say, ODG recommends that EMG is optional if there is other evidence of motor deficit or reflex changes. EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms such as metabolic (diabetes/thyroid) or peripheral pathology (such as carpal tunnel). For more information, see EMG. C. 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. If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic. D. Etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures. E. There must be evidence that the patient has received and failed at least a 6-8 week trial of conservative care.

Decompression, Myelopathy section

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)