

SENT VIA EMAIL OR FAX ON  
Dec/28/2009

## True Decisions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Dec/23/2009

**IRO CASE #:**

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

C5-6 ACDF, Illiac Crest Graft with 2 day Inpatient Length of Stay

**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 10/23/09 and 11/2/09

Review 10/21/09 and 10/29/09

Clinic 9/9/09

OP Report 9/9/09

**PATIENT CLINICAL HISTORY SUMMARY**

On July 30, 2008, Mr. injured his neck and right shoulder in a fall from a truck. Examination on 11/10/09 showed 4/5 strength in right brachioradialis, 4+/5 in right triceps, decreased biceps and triceps jerks, decreased sensation in the right thumb and index finger and positive Spurling's sign. CT on 9/9/09 showed a central disk osteophyte complex compromising the AP diameter of the canal but not resulting in foraminal stenosis.

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

This patient complains of neck and right arm pain. Examination suggests right C6 and C7 radiculopathy. CT findings do not show nerve root compression at C5-6 or C6-7. There is not a definitive diagnosis of radiculopathy and even if present may not represent the sole cause of patient's symptoms. Could there be a carpal tunnel syndrome in addition? Little information is supplied about the patient's activities during the time post injury. Is he exercising? Is he tossing and turning at night as a mechanism of continuing pain? Is he misusing narcotic

medication by performing strenuous activity after narcotic use? In this clinical situation conservative therapy is frequently successful in relieving the radicular symptoms. Surgery should not be performed unless the diagnosis is established beyond doubt and appropriate conservative therapy has failed. 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

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)