

SENT VIA EMAIL OR FAX ON  
Jun/15/2010

## True Resolutions Inc.

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

**DATE OF REVIEW:**

Jun/14/2010

**IRO CASE #:**

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

Cervical Surgery to include Anterior Cervical Decompression, Arthrodesis with Cages, Anterior Instrumentation at C5/6 inpatient length of stay X 2 days

**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 5/27/10 and 6/3/10

Dr. 3/1/10 thru 4/27/10

MRI 3/13/09

EMG/NCS 2/17/10

Pre-Surgical Screening 4/6/10

Dr. 2/17/10

Healthcare 1/27/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female with a date of injury xx/xx/xx She complains of neck and bilateral arm pain, worse on the right. She has undergone physical therapy, epidural steroid injections, and medications. Her neurological examination reveals a decreased biceps jerk on the right, parasthesia in the C6 nerve root distribution on the right, with some weakness in

elbow flexion and wrist extension on the right. An MRI of the cervical spine 03/13/2009 reveals disc space narrowing at C4-C5 and C5-C6. At C4-C5 there is a disc osteophyte complex with moderate-to-severe foraminal narrowing on the left and moderate narrowing on the right. At C6-C6 there is a moderate-to-severe central disc protrusion with moderate central canal compromise. There is moderate-to-severe neuroforaminal narrowing on the left and mild-to-moderate neuroforaminal narrowing on the right. Electrodiagnostic testing 02/17/2010 reveals reinnervation potentials of the left C6 innervated muscles consistent with a chronic radiculopathy. The provider is recommending an anterior cervical decompression, arthrodesis with cages, anterior instrumentation at C5C6, with a 2-day inpatient length of stay.

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

The proposed surgery is medically necessary. The claimant has objective evidence of a C6 radiculopathy on examination and by EMG. There is compromise of the C6 nerve root on the neuromimaging. She has failed conservative measures for her pain. The surgery is, therefore, reasonable and medically necessary to treat her pain. The arthrodesis with cages and anterior cervical plate with a 2-day inpatient stay is standard for an anterior cervical discectomy.

#### **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 KNOWLEDGBASE

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)**