

SENT VIA EMAIL OR FAX ON
Jun/29/2010

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:

Jun/29/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ACDF C5, C6, C7, allograft, special instrumentation, with 1 night inpatient stay cranial tongs

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 5/17/10 and 6/4/10
KSF Ortho 12/16/09 thru 5/19/10
NCS/EMG 12/23/09
CT Cervical Myelogram 12/22/09
MRI 4/14/09
Dr. 12/7/09 and 2/8/10
OP Reports 3/1/10 and 3/22/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a date of injury xx/xx/xx, when he was lifting a large beam clamp. He complains of neck pain, periscapular pain, with radiation down the left arm, stopping at the elbow. He has undergone physical therapy, medications, and epidural steroid injections. His examination reveals 4/5 left triceps and wrist flexors. Electrodiagnostic testing 12/23/2009 reveals likely cervical radiculopathy due to paraspinal muscle abnormalities on needle EMG. An MRI of the cervical spine 04/14/2009 reveals a very small left disc herniation at C5-C6 without evidence of nerve root compromise. At C6-C7 there is endplate osteophyte on the left causing mild narrowing of the left neuroforamen without any definite evidence that would compromise. A myelogram CT of the cervical spine 12/22/2009 shows at C5-C6, a left paracentral broad-based disc protrusion with contact with the anterior aspect of the spinal cord on the left. No exit foraminal encroachment is seen. At C6-C7 there is a left disc/osteophyte, which contacts and mildly deforms the anterior left paracentral aspect of the cord. It does extend towards the left foramen, but definitive left sided foraminal stenosis is not clearly identified. The provider is recommending a C5-C6 and C6-C7 ACDF.

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 C6 and C7 radiculopathies on examination. This correlates with the neuroimaging showing disc herniations to the left at C6-C7 and C5-C6. A cervical fusion is standard of care with an anterior cervical discectomy. The claimant has failed reasonable conservative measures. His condition meets the ODG criteria for a cervical discectomy. One-day inpatient stay and use of cranial tongs for the surgical procedure is appropriate for this procedure.

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)