

# I-Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Oct/16/2010

**IRO CASE #:**

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

ANTERIOR CERVICAL DECOMPRESSION & FUSION AT C5-6 REMOVE PLATES AT C3-5, LOS x 1DAY

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

MD, Board Certified Neurosurgeon

**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**

Official Disability Guidelines  
Services Corporation 8/11/10, 7/28/10  
M.D. 8/4/09  
Hospital 3/12/06  
Neurosurgical Clinic 5/27/10-7/8/10  
Operative Report 5/12/10, 3/26/08, 4/14/10, 3/31/10  
Pain Consultant Associates 5/20/10, 8/21/08, 3/9/10  
Diagnostic Health 9/24/07  
3/24/10, 2/20/08  
Care 8/29/08  
Office Note 5/13/10, 6/5/08  
Radiology Associates 7/28/08  
M.D. 9/27/07  
Spine Associates 10/18/07  
M.D., Ph.D. 11/15/07  
1/20/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a female who was injured when she was trying to lift a heavy out from the back of the vehicle. She is status post C3 to C5 fusion. She is status post right elbow surgery 08/14/2009. She complains of pain in neck, back, left arm, and leg. She underwent a

cervical facet injection on 05/12/2010. She has also undergone cervical epidural steroid injections. Her neurological examination 05/27/2010 reveals weakness in the left brachioradialis, left hip flexure, depressed left Achilles reflex and brachioradialis reflex. An MRI of the cervical spine 01/20/2010 demonstrates at C5-C6: moderate to marked flattening of the anterior thecal sac, greater on the right. There is right foraminal narrowing to a moderate degree on the left and to a more marked degree on the right. At C6-C7: there is moderate mass effect on the anterior thecal sac with more marked mass effect on the anterior proximal left C7 nerve root sleeve.

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

The reviewer finds that the ANTERIOR CERVICAL DECOMPRESSION & FUSION AT C5-6 REMOVE PLATES AT C3-5, LOS x 1DAY is not medically necessary. Although the claimant has objective evidence of C6 radiculopathy on examination, the neuroforaminal narrowing is worse on the right at C5-C6. Moreover, there is marked mass effect on the nerve root sleeve at C6-C7. 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". In this case, it is unclear that the imaging findings correlate with the clinical picture. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

**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)