

US Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/31/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medtronic Prestige Total Disc Replacement C5/6, 1 level (22856 TOT DISC ARTHRP ART DISC ANT APPRO)

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

M.D., Board Certified Orthopedic Surgeon

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

Adverse Determination Letters, 5/17/10, 7/23/10

Medical Center 12/4/09 to 5/7/10

Physical Therapy, 3/2/10 to 3/17/10

Prime 11/18/09

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker with complaints of neck pain and left arm symptoms who has had physical therapy, and medication management, but apparently no epidural steroid injection or selective nerve root sleeve blocks have been recommended. An MRI scan showed a disc bulge at C5/C6 without neural foraminal compression on the exiting nerve root. The records reflect some weakness of grip strength and paresthesias in the left hand, and Spurling's test was said to be positive on the left.

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

This patient has an MRI scan which is equivocal, and an EMG/nerve conduction study was negative. The objective diagnostic testing does not support or explain the clinical findings on examination. There a note within the medical records that possibly this patient has rather than radiculopathy a complex regional pain syndrome pattern. It is difficult to isolate the C5/C6 disc as this patient's pain generator given the fact that selective nerve root sleeve blocks have not been performed. This request does not conform to the Official Disability Guidelines and Treatment Guidelines. While the ODG Guidelines do not as a general rule support total disc replacement, we are unable to reach that decision making question due to the fact this patient does not meet criteria for cervical spine surgery in general. Should the patient have a very positive result from a selective nerve root sleeve block, then this decision may be modified. The reviewer is unable to establish medical necessity for the proposed procedure, especially given the fact that the requesting physician did not explain why the

Official Disability Guidelines and Treatment Guidelines should be set aside. The reviewer finds that medical necessity does not exist for Medtronic Prestige Total Disc Replacement C5/6, 1 level (22856 TOT DISC ARTHRP ART DISC ANT APPRO).

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)