

SENT VIA EMAIL OR FAX ON  
Aug/30/2010

# Applied Resolutions LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Aug/30/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Cervical-Stim bone growth stimulation system model 2505

**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 7/1/10 and 7/21/10  
OP Report 6/18/10  
6/28/10 thru 8/16/10  
IRO Decision 1/12/10  
Dr. 6/16/10 and 7/21/10  
Plain film of the cervical spine report 06/18/2010  
Radiology Report 4/15/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female with a date of injury, when she tripped and fell over a computer cord at work. On 06/18/2010 she underwent a C5-C6 and C6-C7 ACDF for a right upper extremity radiculopathy. The provider has requested a cervical-stim bone growth stimulation model 2505.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS**

## **AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The bone growth stimulator is medically necessary. According to the ODG, "Low Back" chapter, "some limited evidence exists for improving the fusion rate of spinal fusion surgery in high risk cases (e.g., revision pseudoarthrosis, instability, smoker). In this case, the claimant has undergone a two-level fusion (multi-level fusion), which is a risk factor for nonunion. Therefore, the request is appropriate and medically necessary.

## **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 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)