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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient anterior cervical discectomy and fusion at C5-6 with (2) day length of stay (LOS)

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

M.D., Board Certified Orthopedic Surgeon
Board Certified Spine 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

Insurance Company 2/7/11, 2/18/11
ODG
Dr. 9/28/1-2/8/11
Radiology Exam Report 5/3/10
Imaging 9/13/10
NCV/EMG Study 1/14/11

PATIENT CLINICAL HISTORY SUMMARY

This is a XX-year-old patient. She fell down, banged her head, and injured her neck, back, and coccyx. She subsequently had therapy and, according to the medical records, there is radiating pain to the scapula and left arm. There is said to be C4/C5, C5/C6, and C6/C7 herniated discs, but according to the radiologist, they measure only 1 mm without significant neural foraminal encroachment. She had an EMG/nerve conduction study, which revealed the C5 radiculopathy. Current request is for an anterior cervical discectomy and fusion at C5/C6.

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

The reviewer finds there is no medical necessity for Inpatient anterior cervical discectomy and fusion at C5-6 with (2) day length of stay (LOS). This patient's MRI scan is essentially normal with 0.1 cm, i.e., 1 mm disc "herniations" and bilateral C5 radiculopathy, right and left. This nerve root would not typically be affected by C5/C6 herniation if one was present. The neurological examination performed by the requesting surgeon in the upper extremities states, "Deep tendon reflexes are generally hyperactive and present. No pathologic reflexes are noted. Light touch, pin prick, vibratory, and position sense seem to be intact except for some reduction of pin prick on the left leg. Otherwise, examination is unremarkable." This

documents a normal neurological evaluation. He, however, states, "The MRI scan is strongly positive for herniated disc." A 1-mm herniation is not typically felt to be "strongly positive." Based on the Official Disability Guidelines and Treatment Guidelines, unequivocal documentation of radiculopathy must be present. While there is an EMG finding of C5 radiculopathy, it is at the wrong level, and the neurological physical examination does not find any neurological deficit. The request for Inpatient anterior cervical discectomy and fusion at C5-6 with (2) day length of stay (LOS) does not conform to the Official Disability Guidelines and Treatment Guidelines. 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)