

SENT VIA EMAIL OR FAX ON
Aug/02/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/01/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
I/P ACDF @ C5-6

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

1. MRI cervical spine 03/09/11
2. Clinical notes Dr. 03/16/11 and 03/23/11
3. Physical therapy progress notes
4. DWC form 69 04/05/11
5. Designated doctor evaluation 05/24/11
6. Radiographic report cervical spine 04/25/11
7. Clinical records Dr. 04/27/11 and 05/11/11
8. Pre-authorization request 05/02/11
9. Utilization review determination 05/09/11
10. Utilization review determination 06/08/11
11. Request for IRO 07/13/11
12. DWC form 73s

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries to his cervical spine on xx/xx/xx. Per the available clinical records it's reported that he was unloading sand from a truck through 20 foot hose when it became clogged up. He tried to walk the sand out of the hose and felt a sudden pinch in his neck causing him to fall down with the hose to the ground. The claimant was subsequently seen in a local emergency room reporting that the claimant had cervical radiculopathy and should be seen by neurosurgery. On 02/11/11 the claimant was seen at a medical center and is reported to have neck pain and right arm numbness. He had decreased range of motion in the cervical spine in all directions pain with moderate tenderness of the entire posterior neck left and right trapezius muscles paravertebral muscles and sternocleidomastoid. He has decreased right shoulder active range of motion. Cervical x-rays were unremarkable. The claimant was diagnosed with shoulder pain and cervical strain. He subsequently was referred for physical therapy three times a week for one to two weeks with a home exercise program. The claimant was referred for MRI of the cervical spine on 03/09/11 which notes multilevel degenerative changes with disc space narrowing and disc desiccation with a 3mm broad based disc bulge at C3-4 creating mild central canal and mild bilateral neural foraminal stenosis. At C4-5 there's some disc desiccation and disc space narrowing and a 3mm broad based disc bulge not creating significant central or lateral foraminal stenosis. At C5-6 there's disc desiccation and disc space narrowing and a 2mm mid line disc herniation exerting mass effect upon the thecal sac but not the spinal cord. The claimant was subsequently seen by a designated doctor on 05/24/11. The claimant subsequently was referred to Dr. on 04/27/11. The claimant presents with neck pain radiating into the right shoulder and pain radiating into the right leg. On examination of the cervical spine range of motion was decreased. There was paracervical muscle guarding. Spurling's maneuver was positive bilaterally right greater than left. Motor examination showed decreased strength in the right biceps graded as 4/5. There's 1cm of right atrophy. There's a reported dermatomal sensory deficit with right thumb numbness. Biceps jerk on the right is 1+ and 2+ on the left. Claimant was diagnosed with a symptomatic C5-6 HNP. He was allowed to return to work with oral medications and was given a soft neck collar. There's a recommendation for a C5-6 ACDF and fusion with a syntheses cage and internal fixation of left iliac crest bone graft. Claimant notes that the claimant's current medications or the designated doctor notes that the claimant's current medications are Naprosyn and Flexeril. On physical examination he's six feet tall weighs 180 pounds. He's a normal appearing male in distress wearing a white soft collar. He has no gait abnormalities. There's tenderness to palpation of the cervical spine range of motion is decreased. There was no tenderness around the shoulder or rotator cuff. Deep tendon reflexes were reported to be 1+ and symmetrical. There's no abnormality on exam to light touch or sharp touch in any dermatomal distribution. There's no apparent asymmetry in tone or muscle bulk. He appears to have full strength with flexion extension of all major muscle groups interosseous muscles of the hand and hand grip bilaterally. Circumferential measurements of the arm are both 30.5cm in the lower arms 28cm on the right and 28.5cm on the left. The claimant was opined to have cervical strain and was placed at MMI on 04/05/11. The designated doctor noted that on this date the examinee had complaints but demonstrated good functional capabilities and improvement from earlier visits. The claimant was opined to have 0% whole person impairment. A request was placed for ACDF at C5-6.

This initial request was reviewed on 05/09/11 by Dr., neurosurgeon. Dr. noted the claimant had cervical pain with radiation to right shoulder. Current examination revealed limited range of motion with paracervical guarding, positive Spurling's test bilaterally, decreased strength on right biceps at 4/5 with atrophy, right thumb numbness. Reflexes are 1+ in biceps on right and 2+ on left. Conservative treatment included medications, physical therapy, and activity modification. There is no evidence of instability on radiographs. He noted there was no documentation of other etiologies of pain which have been addressed / ruled out. He opines the medical necessity of the request is not established.

On 05/11/11 the claimant was seen in follow-up by Dr.. He continues to complain of neck pain with radiation into the right shoulder. Physical examination is unchanged. He is again recommended to undergo ACDF with Syntheses cage internal fixation and left iliac crest bone graft.

On 06/08/11 the appeal request was reviewed by Dr.. Dr notes the claimant complains of neck pain. Physical examination revealed decreased range of motion, evidence of paracervical muscle guarding, positive Spurling's maneuver, decreased motor strength, atrophy, and dermatomal sensory deficits. He noted there is no documentation provided regarding failure to respond to conservative treatment such as current evidence based exercise program, medications. There is no radiographic evidence of cervical spine instability. There is no documentation of psychological screening, and therefore the request is not medically necessary.

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

The request for ACDF at C5-6 is not established as medically necessary. The available clinical record indicates the claimant sustained an injury to his neck while pulling on a hose on xx/xx/xx. He has undergone a course of conservative treatment consisting of oral medications and physical therapy. He has complaints of cervical pain with radiation into right shoulder. The record does not indicate the claimant has undergone cervical epidural steroid injections for his reported radiculopathy. The claimant's MRI shows evidence of degenerative changes at C3-4, C4-5 and C5-6 without evidence of significant disc herniation causing compression of the spinal cord or neural foramina. The claimant was seen by designated doctor on 05/24/11 who presents a conflicting physical examination. The designated doctor indicates the claimant has no motor strength loss, symmetric reflexes, and intact sensory with no evidence of atrophy and placed the claimant on maximum medical improvement with no impairment. Given the lack of documentation establishing the failure of all conservative treatment, and noting the significant divergence in physical examinations, the requested surgical intervention cannot be established as medically necessary and would not be supported under the Official Disability Guidelines. Based on the clinical information provided, the previous determinations are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES