

SENT VIA EMAIL OR FAX ON
Dec/12/2011

True Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Dec/09/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Inpatient Surgery ACDF C6-C7 with LOS

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

Orthopedic spine surgeon, practicing 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

OD Guidelines

Utilization review determination 11/01/11

Utilization review determination 11/15/11

Preauthorization request 10/27/11

Office notes Dr. 06/09/09-10/13/11

Presurgical behavioral health consultation 11/18/10

Office notes Dr. 03/07/11 and 05/17/11

Discharge instructions for visit on 12/29/10

Electrodiagnostic testing 06/18/10

MRI cervical spine 04/22/10 and 02/18/08

CT myelogram thoracic spine 07/31/09

MRI thoracic spine 02/05/09 and 04/16/07

Procedure report cervical epidural steroid injection 08/10/09 and follow-up 09/08/09

Independent medical examination supplemental report Dr. 07/14/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female whose date of injury is xx/xx/xx. Records indicate she was injured when she became angry and pushed her through a glass door causing immediate pain in her neck. The claimant complains of cervical pain radiating to the left arm and numbness in fingers of left hand. She has undergone conservative treatment including physical therapy, chiropractic care, and epidural steroid injections. MRI of cervical spine dated 04/22/10 revealed a shallow posterior annular bulge at C6-7 and mild left neural foraminal stenosis due to uncinata hypertrophy. There is no spinal canal stenosis or cord deformity throughout the cervical spine. Electrodiagnostic testing performed on 06/18/10 reported a suggestion of mild left C5-6 radiculopathy. Physical examination on 10/13/11 revealed the claimant to be 5'6" tall and 230.8 lbs. Motor examination reported grip strength and wrist extension 4/5 on left, rest of strength on left is +4/5. On the right strength is +4/5 throughout. She has pain with forward flexion, extension, tilting, and rotation with most of her pain rotating to the right. Sensation is decreased in left upper extremity. Hoffman's sign is negative. She has positive Phalen's sign on left. She has positive Tinel's at elbow and wrist as well. The claimant was recommended to undergo surgical intervention.

Utilization review determination dated 11/01/11 was adverse determination regarding inpatient surgery ACDF C6-7 with LOS. It was noted the request was denied per ODG for lack of correlation of symptoms with imaging findings.

Utilization review determination dated 11/15/11 determined reconsideration for inpatient surgery ACDF C6-7 with LOS to be not medically necessary and appropriate. It was noted the request for inpatient surgery ACDF C6-7 with LOS is not supported by the submitted clinical information. The available medical records indicate the claimant initially sustained injuries as result of altercation with student. She now has primary complaints of cervical pain and left upper extremity radiculopathy with numbness and tingling in her fingers. She is noted to have globally reduced strength in bilateral upper extremities and undergone psychiatric evaluation and cleared for surgery. Physical examination dated 05/17/11 performed by Dr. showed normal findings in upper extremities. Reflexes, motor and sensory are intact. Imaging studies showed minor disc protrusion at C6-7 with no evidence of neurocompressive pathology at that level. It is further noted there is lack of correlation between claimant's EMG/NCV and imaging studies. Based on the clinical information provided, the request was not supported as medically necessary.

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

Based on the clinical information provided, medical necessity is not established for inpatient surgery ACDF C6-7 with LOS. The claimant has ongoing complaints of neck pain with left upper extremity radiculopathy radiating all the way down into the fingers. She is noted to have failed with conservative treatment including physical therapy / exercises, medications, chiropractic, activity modification, and epidural steroid injections. MRI of cervical spine on 04/22/10 revealed a shallow posterior annular disc bulge with mild left foraminal stenosis at C6-7. There is no spinal canal stenosis or cord deformity at any level of the cervical spine. EMG/NCV on 06/18/10 reported suggestion of mild left C5-6 radiculopathy. Examination revealed weakness of bilateral upper extremities. There was decreased sensation in left upper extremity, but no dermatomal distribution was identified. Given lack of correlation of imaging studies and exam findings, proposed surgical procedure is not supported as medically necessary. The previous denials were correctly determined, and recommended to be upheld on IRO.

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)