

SENT VIA EMAIL OR FAX ON
Feb/01/2011

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ACDF C5/6 with 3 day LOS

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)

ACDF C5/6 is medically necessary

3 day LOS is not medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

10/6/10, 12/28/10, 12/2/10

Evaluators 11/23/10

Orthopedics 9/25/10 thru 1/11/11

Dr. 11/4/10

Electrodiagnostic Results 10/25/10

MRI 11/12/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male with a date of injury xx/xx/xx. He complains of cervical pain with numbness and tingling in the left arm. He has undergone ESI, physical therapy, TENS unit, and medications. An EMG/NCV 10/25/2010 shows acute left C5-C6 radiculopathy with a mild right median neuropathy. His neurological examination 01/11/2011 shows 4/5 left pronator teres and 4/5 left biceps and deltoid strength. An MRI of the cervical spine 11/12/2009 reveals at C5-C6 a 2mm left paracentral disc protrusion that mildly compresses the cord surface. There is mild bilateral foraminal narrowing present. He underwent a behavioral evaluation on

11/23/2010, which found him to be an appropriate surgical candidate. A second surgical opinion 11/04/2010 agreed with the medical necessity of an ACDF at C5-C6. The provider is requesting an ACDF at C5-C6 with a 3-day length of stay.

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

The proposed surgery (a C5-C6 ACDF) is medically necessary. The claimant has objective evidence of a cervical radiculopathy by examination and electrodiagnostic studies. This correlates with his MRI findings. He has undergone and failed reasonable conservative measures. However a 3-day length of stay is not appropriate for a single-level ACDF. A one-day length of stay would be appropriate for this procedure and is in line with the guidelines.

References/Guidelines

Official Disability Guidelines, "Neck and Upper Back" chapter

ODG Indications for Surgery™ -- Discectomy/laminectomy (excluding fractures):

Washington State has published guidelines for cervical surgery for the entrapment of a single nerve root and/or multiple nerve roots. ([Washington, 2004](#)) Their recommendations require the presence of all of the following criteria prior to surgery for each nerve root that has been planned for intervention (but ODG does not agree with the EMG requirement):

A. There must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test.

B. There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level. *Note:* Despite what the Washington State guidelines say, ODG recommends that EMG is optional if there is other evidence of motor deficit or reflex changes. EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms such as metabolic (diabetes/thyroid) or peripheral pathology (such as carpal tunnel). For more information, see [EMG](#).

C. An abnormal imaging (CT/myelogram and/or MRI) study must show positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings. If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic.

D. Etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures.

E. There must be evidence that the patient has received and failed at least a 6-8 week trial of conservative care.

For hospital LOS after admission criteria are met, see [Hospital length of stay \(LOS\)](#).

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