

I-Resolutions Inc.

An Independent Review Organization
8836 Colberg Dr.
Austin, TX 78749
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient cervical anterior cervical discectomy fusion C4-5 and C7-T1, three to four days length of stay, DME external bone growth stimulator, DME Miami J cervical collar with soft cervical collar, home health services for dressing changes and monitoring for signs of infection for seven to ten days

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

Official Disability Guidelines

3/16/11, 3/31/11

Bone and Joint Clinic 8/5/09 to 1/27/11

12/6/07 to 8/26/09

D.O., P.A. 12/8/10

M.D. 8/27/10 to 9/23/10

PATIENT CLINICAL HISTORY SUMMARY

This is a patient who has undergone a previous anterior cervical discectomy and fusion of C5/C6 and C6/C7 with repeat anterior fusion and now has a solid fusion. The MRI scan of his cervical spine reveals no abnormalities at C6/C7 other than a degenerative disc, and flexion/extension views at C4/C5 show only a 2-mm translation of instability without any nerve root compression. The patient has had conservative care. Current request is for extension of the fusion one level superior and one level inferior to previous operative intervention.

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

This patient has obvious findings on the examination with a positive Speed and Hawkins tests. No information is provided, however, about these findings. The cervical situation, based on the medical records provided, does not in any way substantiate any true neurologic deficit, as any deficit which has been documented is global glove-and-stocking in nature. There is evidence of a C5 nerve root abnormality on the EMG/nerve conduction study but no evidence of biceps or deltoid weakness on physical examination. The ODG Guidelines do not recognize a 2-mm flexion/extension instability as instability requiring fusion. C7/T1 level is clearly a normal level based upon the medical records that

have been provided, and this reviewer cannot find any indication that would satisfy the ODG Guidelines or generally accepted medical treatment for such requested procedure. The reviewer finds no medical necessity for Inpatient cervical anterior cervical discectomy fusion C4-5 and C7-T1, three to four days length of stay, DME external bone growth stimulator, DME Miami J cervical collar with soft cervical collar, home health services for dressing changes and monitoring for signs of infection for seven to ten days.

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)