

SENT VIA EMAIL OR FAX ON  
Oct/14/2011

## True Decisions Inc.

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Oct/14/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

C5-C6, C5-7 ACDF with 3 day length of stay

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

Orthopedic spine surgery, practicing 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**

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. It is reported on the date of injury that the claimant was grabbing on to a steering wheel in a truck when he felt the painful sensation in the left side of his neck and left shoulder. He subsequently was seen in a local emergency room and later came under the care of . The

claimant received minimal treatment and subsequently desired to return to work and received a 2% whole person impairment. Records indicate that the claimant underwent cervical facet joint injections on 01/22/10. Most recent MRI is dated 08/13/10 which notes minimal narrowing of the left neural foramen at C3-4 secondary to small uncinata spurs and degenerative facet joint changes the right neural foramen is normal in calibre. There's no central canal stenosis. at C4-5 there's degenerative facet joint changes noted bilaterally there are very small uncinata spur noted bilaterally. There's minimal bilateral neural foraminal narrowing, no central canal compromise. At C5-6 there's a subtle grade 1 spondylolisthesis at C5 on C6 degenerative facet joint changes are noted bilaterally there's a 2-3mm broad based posterior disc protrusion causing slight impression on the anterior aspect of the thecal sac. There's no cord deformity or central canal stenosis. There's moderate bilateral neural foraminal narrowing seen there are small anterior osteophytes visualized. At C6-7 anterior osteophytes are visualized. There's broad based ventral defect identified most likely related to posterior laterally projecting osteophytes which are slightly more prominent to the left of midline. There is deformity of the anterior aspect of the thecal sac without cord deformity the AP diameter of the spinal canal is 9-10mm there are degenerative facet changes noted bilaterally. There's moderate severe left and mild right neural foraminal narrowing seen.

Records indicate that the claimant was followed by Dr. and has been recommended to undergo epidural steroid injections.

On 07/20/10 the claimant was seen by Dr. The claimant has complaints of neck pain and bilateral shoulder pain resulting from two work place events. He notes that a ceiling fell on his head while he was fighting a fire in 1988 and in 1996 he developed neck pain and eventually underwent shoulder surgery which was successful and he has cervical pain alone. Claimant continues to have neck and bilateral shoulder pain. MRI was discussed there's a minimal spondylolisthesis at C5 on C6 with degenerative narrowing at C6-7 with bilateral neural foraminal stenosis. He is recommended to undergo additional physical therapy. Records indicate a recommendation for cervical discography was not approved. On 03/01/11 the claimant was seen by Dr. DO, PhD who provided a second opinion regarding the performance of cervical discography. Dr. opines that the primary pain generators are C5-6 and C6-7. However it's unclear if the C4-5 level is contributing to his pain. On 11/03/10 or the records contain a behavioral health evaluation dated 11/03/10.

The initial review was performed on 07/14/11 by Dr. who non-certifies the request noting that there's no indication for cervical fusion. He reports MRI and CT findings are noted claimant's physical examination is essentially normal. He has multilevel degenerative changes with foraminal stenosis. He further notes that the claimant's MNPI is indicative of somatic complaints and emotional behavioral interpersonal dysfunction. The subsequent appeal request was reviewed by Dr. notes that there are physical examinations by several different physicians which reveal a normal reflexes and strength in the upper extremity. Dr. reports there's only questionable weakness in the right biceps. It's noted that the claimant is pending litigation. He subsequently notes that the claimant does not meet criteria per Official Disability Guidelines.

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

The request for C5-6 C6-7 ACDF with three day length of stay is not supported by the submitted clinical information. The available medical records indicate that the claimant has a history of cervical injury first in 1998 and subsequently in xx/xx/xx as he was attempting to climb into a fire truck. Records report that the claimant has undergone extensive conservative treatment. However there's not supporting documentation for this. The claimant is noted to have significant complaints of cervical complaints or of cervical pain with radiation. The submitted imaging studies indicate multilevel degenerative changes and a normal physical examination. There's a report of biceps weakness not validated by other examiners. There's a question as to whether C3-4 is contributing to the claimant's cervical pain. The available imaging studies are dated for surgical planning. And the behavioral medicine evaluation is nearly a year old and the validity of this information is not established

at this point in time. Overall there is insufficient clinical or the clinical information or overall the clinical information provided does not meet Official Disability Guidelines for the performance of the procedure and as such the two previous utilization review determinations are 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)