

Clear Resolutions Inc.

An Independent Review Organization

6800 W. Gate Blvd., #132-323

Austin, TX 78745

Phone: (512) 879-6370

Fax: (512) 519-7316

Email: resolutions.manager@cri-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: September 3, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior cervical discectomy and fusion at level C6-7, removal plate C5-6 and two days inpatient stay

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

MD, Board Certified Neurological 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)

PATIENT CLINICAL HISTORY SUMMARY

On xx/xx/xxxx the claimant is reported to have been involved in motor vehicle accident with ejection and loss of consciousness. He was initially seen and subsequently transferred to Healthcare System. He was found to have cervical spine fracture as well as thoracic and lumbar spine fractures. He was admitted for observation and stabilization of cervical spine. He is noted to be a ½ pack per day smoker. On 05/07/11 the claimant was taken to surgery by Dr. who performed ACDF at C5-6 secondary to fracture of right facet joint at C5-6 with subluxation of C5 on C6 with right sided adjunctive facet.

The claimant was discharged on 05/10/11. He was transferred secondary to fracture or dislocation. He is noted to have had transverse process fractures at T8, T9, T10, L1, L2, L3, L4, and L5. He was placed on rotary bed and placed in cervical traction to reduce fracture / dislocation. He went to OR and underwent surgical stabilization the same day. On postoperative day 1 he was awake and alert. His wounds looked okay and had good alignment of head. He was neurologically stable. He was able to ambulate in the hallway on post-operative day two and was discharged on post-operative day three.

On 05/26/11 the claimant was seen in follow up by Dr. His wound is well-healed lateral x-rays were performed and show good position of the graft. There was a recommendation for a bone growth stimulator to augment the fusion. On 07/14/11 the claimant was seen in follow up. He was reported to be six weeks status post ACDF at C5-6. Provider reports that there is significant angulation of the C6-7 level, which would indicate more posterior ligamentous injury than suspected. He subsequently was recommended to undergo repeat MRI with and without contrast.

On 07/25/11 the claimant was seen in follow up. It was reported that his repeat cervical MRI shows angulation at the C6 level C6-7 level with decreased signal change in the disc itself indicating probable disc injury. This coupled with posterior spurring would indicate probably a global ligamentous injury at the C6-7 level in addition to what was previously treated at C5-6. Dr. notes that this condition can be observed. However he believes it's the best option to consider extending the fusion down to C6-7, which would involve removing the previous plate at C5-6 and discectomy at C6-7 and then subsequent plate from C5 to C7.

On 08/04/11 the initial request for surgery was reviewed by Dr. who non-certified the request and notes that the claimant presents with continued neck discomfort. There are no physical examination findings in the report submitted regarding the functional status of the patient after his recent surgical intervention. He notes that there is no objective documentation that the claimant has received and failed maximal optimal post-operative care. He subsequently non-certifies the request.

An appeal request was reviewed on 08/12/11 by Dr. who non-certified the request and notes that due to a lack of documentation the physical examination findings in the report submitted regarding the functional status that the of the claimant after his operation and noting the lack of failure of maximal and post-operative care would not support the performance of the procedure. He further notes that there is no documentation of physical examination findings, failure of conservative treatments such as pharmacotherapy and physical therapy progress notes.

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

The available medical records indicate that the claimant was involved in a vehicular accident in which he sustained a fracture to the C5-6 fractured dislocation to the C5-6 vertebra. The claimant was subsequently taken to surgery and underwent an ACDF at C5-6. Post-operatively the claimant is noted to have some suggestion of posterior ligament damage. The records do not include independent cervical flexion extension films to establish instability or provide documentation of pathology at the C6-7 level. The records do not contain any data about the claimant's post-operative rehabilitation program or the maximization of conservative treatment. The most recent physical examination provides no data to suggest evidence of neurologic compromise or progressive neurologic deficit. In the absence of more detailed clinical information, the medical necessity of Anterior cervical discectomy and fusion at level C6-7, removal plate C5-6 and two days inpatient stay has not been established.

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)