

SENT VIA EMAIL OR FAX ON
Sep/02/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/02/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior Cervical Discectomy and Fusion at C4/5, C5/6, and C6/7; Post surgical 2 day hospitalization; Bone Stimulator

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

board certified 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

OD Guidelines

1. Request for IRO 08/18/11
2. Utilization review determination 06/09/11
3. Utilization review determination 07/11/11
4. Clinical records Dr. 03/02/11
5. Clinical records Dr. 04/14/11, 05/19/11
6. MRI cervical spine 05/13/11
7. Letter of appeal Dr. 06/20/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was reported to have sustained work related injuries on xx/xx/xxxx. On the date of injury it is reported that a patient struck her on the right side of her cheek and broke one bone. Since that time her right arm has been numb and she's had a feeling of pain into her hand. On 03/02/11 the claimant was seen by Dr. It is reported that she has complaints of pain and numbness in the right arm and hand for almost two months after she was punched in the face by a patient at work. She's reported to have sustained a fracture of the right orbit and cheek bone which was recently repaired by a plastic surgeon. She developed right arm pain and numbness after the accident which has persisted. She has numbness of the right arm starting from the shoulder and also constant pain in the mid forearm down to the hand. She does not identify any exacerbating factors. On physical examination she's well developed well nourished in no acute distress reflexes are normal and

symmetric sensory is intact to light touch motor strength is greater graded as 5/5 in the major flexors and extensors she has full range of motion with pain rotating to the right shoulder shows no deformity right wrist and hand are normal radiographs of the cervical spine indicate moderate narrowing of the disc space at C4-5. She was continued on regular activity and was to be referred to an orthopedic spine surgeon.

On 04/14/11 the claimant was seen by Dr. She's noted to have sustained a right orbital fracture which required treatment. She had the onset of neck pain and she has begun to develop discomfort in her right forearm extending down into the fingers of her hand primarily in the ring and middle fingers. She reports developing some weakness in her arm. She reports the recent onset of severe pain her current medications include Topamax 200mg QHS Lexapro 10mg QHS and Nexium every morning and evening. She has a history of a partial hysterectomy in 1978 removal of a cyst from salivary gland in 2007 laminectomy of L5 in 2001 and removal of benign tumors in the right leg in 1970. On physical examination she walks with a normal gait she has no difficulty standing on her toes or heels. Surgical range of motion was mildly reduced Spurling's sign is negative bilaterally there's tenderness noted at C5-6 and C6-7 axial compression distraction tests are negative sensation is subjectively diminished in the right C6 C7 and C8 distributions. Strength is reported to be decreased on the right EPL graded as 4+/5 wrist extensors are 5-/5 and grip strength is graded as 4/5 Hoffman's sign is negative reflexes are 1+ and symmetrical radiographs show decreased disc height at C5-6 and C6-7 with anterior and posterior osteophyte formation sclerosis of the end plates. She's opined to have developed symptoms of primarily a right C6 and C7 radiculopathy. MRI of the cervical spine was performed on 05/13/11. At C4-5 there's bilateral uncovertebral osteoarthritis with mild to moderate bilateral neural foraminal encroachment the central canal is narrowed to 8mm the spinal cord is mildly impinged without spinal cord edema. At C5-6 there's bilateral uncovertebral osteoarthritis causing to moderate bilateral neural foraminal encroachment. The AP dimension of the central canal is 7mm secondary to osteophytes and annular disc bulging. The spinal cord is mildly compressed without spinal cord edema. At C6-7 there are osteophytes and annular disc bulge which do not compress the spinal cord AP dimension measures 9mm there's bilateral uncovertebral osteoarthritis minimally encroaching on the neural foramina. At C7-T1 there is an 11x4mm hyperintense focus on the left neural foramen compatible with a meningeal cyst.

The claimant was seen in follow up by Dr. on 05/19/11 and is noted to be status post MRI of the cervical spine. It was reported that she has that her neck is only mildly tender but she now has marked weakness of her right biceps wrist extensors extensors hallucis longus and intrinsic all graded as 4/5. She subsequently is recommended to undergo ACDF at C4-5 C5-6 and C6-7. On 06/09/11 the initial request for surgery was reviewed by Dr. who notes that the documentation submitted for review notes that the claimant has cervical pain with radiation into the right upper extremity with complaints of right arm weakness and that the documentation submitted has failed to establish that the claimant has failed conservative management and as such non-certifies the request. A letter of appeal was subsequently submitted by Dr. on 06/20/11. At this time he reports that she has developed progressive weakness in her right arm as well as intermittent severe pain. She's reported to have difficulty holding a pencil and is unable to use her right arm. He notes that the case was reviewed by Dr. who felt that the indications for ACDF were not indicated as the claimant had not undergone a minimum of six weeks of conservative care. He reports that based on her functional losses and the exit correlation between findings on physical examination radiographic studies and MRI that he does not feel that physical therapy is appropriate or indicated. He notes that she has not improved after five months after expecting care and that physical therapy is unlikely to show improvement.

On 07/11/11 the appeal request was reviewed by Dr. who non-certified the request. He reports that per the medical records the claimant has complaints of neck pain. She's noted to have tenderness over the neck with marked weakness in the right biceps wrist extensors EPL and intrinsic of her hand. MRI has shown severe spinal canal stenosis at C4-5 and C5-6 with mild cord compression secondary to osteophytes annular disc bulge and degenerative changes with mild stenosis at C6-7 without compression. He notes that based on the guidelines there must be evidence that the patient has received and failed a trial of

conservative care and that there's no evidence of motor deficit or reflex changes or positive EMG findings to correlate with the cervical level. He further notes that there's no objective documentation of the failure of the claimant to respond to conservative measures. He notes that pre-operative psychiatric evaluation was not performed and as such he finds the request not medically necessary.

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

The request for ACDF at C4-5, C5-6 and C6-7 two day length of stay and bone growth stimulator is not supported by the submitted clinical information. The available medical records indicate on the date of injury the claimant was struck by a patient and subsequently sustained an orbital fracture. She reports a history of cervical pain and headaches that were unremitting since the date of injury. The claimant has not received any conservative care to date regarding her cervical spine. She's been treated with oral medications and has not received any physical therapy or cervical epidural steroid injections. Imaging studies indicate that the claimant has significant levels of stenosis and may require ACDF or simple decompression. The records do not indicate that the claimant has been referred for EMG/NCV studies to validate the surgical levels as well as confirm the presence of an upper extremity radiculopathy. Based upon the submitted clinical records the request for three level ACDF is not supported and the previous utilization review determinations are upheld.

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