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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/29/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ACDF @ C3-4, C5-6, LOS x 1 Day

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines-Treatment for Workers' Compensation

Request for IRO dated 09/08/11

MRI cervical spine dated 01/23/07

Clinical records Dr. dated 02/01/07-07/11/11

Operative report dated 04/27/07

MRI cervical spine dated 09/02/08

MRI lumbar spine dated 02/10/10

MRI cervical spine dated 05/02/11

Utilization review determination dated 06/28/11

Utilization review determination dated 07/31/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. On this date he was reportedly trying to push a heavy metal piece approximately 160 lbs off table and heard a popping noise and felt severe pain in his neck all the way down to lumbar region resulting in severe pain. MRI scan was ordered which showed large herniated disc at C6-7 and disc herniation at L4-5. The claimant was taken to surgery by Dr. on 04/27/07 at which time he underwent ACDF at C6-7. Post-operatively the claimant was referred for physical therapy. He continued to report pain radiating between his shoulder blades. He was noted to have continued pain in the neck and right upper extremity. He was treated with oral medications physical therapy/chiropractic. A repeat MRI of the cervical spine was performed on 09/02/08, which notes multilevel cervical spondylosis greatest at C6-7 where there is moderate spinal canal stenosis and moderate to severe right foraminal narrowing and severe left foraminal narrowing. There is mild spinal canal stenosis at C2-3, C3-4, C4-5, and C5-6. There is moderate bilateral foraminal narrowing at C3-4 and C5-6 moderate right foraminal narrowing at C2-3 and C4-5. The claimant was ultimately recommended to undergo chronic

pain management. Records note that the claimant later underwent an anterior lumbar interbody fusion with screws and rods at the L5-S1 level. He is reported to have not done well post-operatively. On 01/13/11 the claimant was seen in follow-up by Dr.. It is reported that he has severe pain in the region of cervical spine radiating to both shoulders and arms. He reported cramps going down the hands. He is recommended to have MRI of cervical spine followed by epidural steroid injections. A repeat MRI of cervical spine was performed on 05/02/11. This study notes a left paracentral disc protrusion and spur flattening the adjacent hemicord, which extends into the left foramen. There is moderate right foraminal stenosis. The claimant was seen in follow-up on 06/14/11. Dr. reports the claimant has bad herniated cervical disc at C5-6 and maybe C4-5.

He subsequently is recommended for ACDF at C3-4 and C5-6. On physical examination he is noted to have winging of the scapula on the right, weakness of grasp on right, reduction of biceps and triceps jerk on right, radicular pain to right arm with some reduction of pinprick sensation in C5 and C6 distributions on the right.

The initial review was performed on 06/28/11 by Dr.. Dr. notes the claimant presents with neck complaints and has winging of scapula and weakness of grasp on right side. Spurling's test is not indicated in examination findings. There is no documentation detailing cervical instability and that the claimant has completed maximum conservative treatment. On 07/11/11 an appeal request was submitted for review and indicates the claimant has had discectomy and fusion at C6-7 in the past. It is noted the claimant continues to have radicular pain going down both shoulders. It is reported that pinprick sensation is well preserved. There is no muscle atrophy, no tremors. He is reported to have evidence of changes at C3-4 and C4-5, and the main problem again appears to be in area of C6-7 where there is instability with evidence of disc herniation and bone spur formation. He subsequently suggests ACDF and C6-7 redo. On 07/31/11 the request was reviewed by Dr.. Dr. notes there was non-certification due to documentation of failure of conservative treatment. He notes that there is no documentation in a recent medical report of any sensory symptoms in a cervical distribution that correlate the involved cervical level or the presence of positive Spurling test or motor deficit or reflex change or positive findings. He subsequently non-certifies the request.

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

The request for ACDF @ C3-4, C5-6, LOS x 1 Day is not supported as medically necessary. The claimant initially sustained an injury to his neck, which resulted in the performance of an ACDF at C6-7. Post-operatively the claimant has had continued subjective complaints of pain radiating into the right upper extremity. He has some evidence of neurologic compromise on physical examination, however this is not adequately quantified. The claimant's physical examination is non-specific and the available data does not clearly correlate with the imaging studies. At C6-7 there is left paracentral disc protrusion and spur with flattening of the cord. There is severe left foraminal stenosis. The records indicate the claimant clearly has surgical pathology at this level. However at C3-4 there is only a small central protrusion with patent central and patent central canal and mild right foraminal stenosis. C4-5 has mild degenerative findings as does C5-6. There are no significant pathologies at the requested levels that would require the performance of a fusion procedure at this time. The records do not indicate that the claimant underwent additional cervical epidural steroid injections for his radicular complaints based upon the submitted clinical records. There is a lack of correlation between imaging, clinical presentation, and the requested surgical levels. The request for ACDF @ C3-4, C5-6, LOS x 1 Day is not supported as medically necessary.

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)