

# Applied Resolutions LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Aug/09/2012

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

Anterior cervical decompression, discectomy, and instrumented arthrodesis @ C4-C5 and C5-C6

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

Orthopedic spine surgeon, practicing neurosurgeon

**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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Request for IRO 07/19/12  
Utilization review determination 06/05/12  
Utilization review determination 06/11/12  
Clinical records Dr. 03/27/12 and 03/28/12  
MRI cervical spine 06/17/11  
EMG/NCV study upper extremities 06/07/11  
Pre-surgical consultation and behavioral assessment 05/09/12  
Chiropractic treatment records DC  
Clinical note Dr. 06/28/11

**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 pulling pipe from the rack of a truck when he fell approximately five feet to the ground. He's reported to have struck his chest right arm and head. He subsequently developed neck pain arm pain and numbness and tingling in the shoulder.

Records indicate that the claimant underwent EMG/NCV of the upper extremities on 03/14/11. This study was performed by a doctor of chiropractic. A review of the EMG indicates an isolated finding of increased insertional activity in the right paraspinal musculature with no other activity noted.

The record includes an MRI of the cervical spine dated 06/17/11. This study notes a focal longitudinal area of increased signal on T2W images measuring 2cm at the level of C6. The differential diagnosis would include a cord syrinx, demyelinating plaque or intramedullary neoplasm. At C4/5 there's disc desiccation with a 3mm disc bulge flattening the thecal sac with mild bilateral foraminal narrowing. At C5/6 there's a diffuse disc bulge flattening the thecal sac without significant foraminal narrowing.

The records indicate that the claimant was seen by Dr. a pain management specialist on 06/28/11. He has complaints of low back pain and left lower extremity pain and neck pain and upper extremity radiculopathy. It is recommended that the claimant undergo a left L4-5 and L5-S1 transforaminal epidural steroid injection, and EMG/NCV of the left lower extremity.

On 03/27/12, the claimant was seen by Dr. Dr. notes the history above. He reports that EMG/NCV was abnormal for a right C6 nerve root involvement with some involvement of the wrist. His neck pain is reported to be worse than arm pain. It is reported that on cervical flexion extension views there is a complete loss of cervical lordosis on flexion extension. On physical examination he has paravertebral spasm in the lower cervical upper thoracic area, trigger points in the levator scapula and the mid portion of the trapezius on the right. A positive compression test, equivocal Lhermitte's, positive Spurling's to the right and left, positive shoulder abduction test to the right and left and equivocal Tinel's on the right, Phalen's test is negative bilaterally, Hoffman's is negative bilaterally, hypoactive biceps and brachioradialis jerk on the right with a hypoactive brachioradialis jerk on the left, and weakness of the elbow flexion and wrist extension on the right. The claimant is opined to have a cervical HNP with internal disc disruption syndrome, discogenic pain and left upper extremity radiculopathy at C4-5 and C5-6. He subsequently is recommended to undergo arthrodesis at C4-5 and C5-6. The record includes Dr.'s interpretation of the imaging studies.

The claimant was referred for a pre-surgical consultation behavioral assessment on 05/09/12 the claimant is noted to have a Beck depression inventory of 18 and a BAI of 44 indicating a severe level of anxiety it was opined that the claimant was psychologically able to undergo surgery.

The initial review was performed on 06/05/12 by Dr. Dr. non-certified the request noting that the electrodiagnostic studies showed no definitive evidence of cervical radiculopathy. He notes that there's no clear evidence of neurocompressive pathology at the above two mentioned levels, negative electrodiagnostic studies and only mild foraminal stenosis noted on imaging studies; he opines, that given the lack of any apparent compressive lesion at the above two mentioned levels the specific request for surgical intervention does not appear to be medically necessary or warranted.

The appeal request was performed by Dr. on 06/11/12 Dr. non-certified the request noting that imaging reports do not provide evidence of greater than a mild neural foraminal narrowing at C4-5 and C5-6. He reports that no additional information was made available for review in the context of the appeal request. He subsequently non-certified the appeal review.

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

The request for anterior cervical decompression, discectomy and instrument arthrodesis at C4-5 and C5-6 is not supported as medically necessary and the prior utilization review determinations are upheld. The available clinical data indicates that the claimant fell from a truck sustaining injuries to both the neck and low back. The claimant appears to have had a greater focus of treatment regarding the lumbar spine. He has subjective reports of cervical radiculopathy that were not validated by electrodiagnostic studies. It would further be noted, that imaging studies indicate the presence of a possible syrinx at C4-5, C5-6. There is no evidence of significant compression from the disc bulges at C4-5 or C5-6. There is only mild bilateral foraminal encroachment which does not appear to be resulting in symptoms; given the negative electrodiagnostic studies. The record provides no data to establish that there is

any evidence of instability. The record does not contain any supporting documentation establishing the failure of conservative care and there are no recent clinical records from Dr.. The most recent note submitted is from 03/27/12, and the current status of the claimant is unknown. Based on the information provided, the claimant would not meet criteria for the performance of a multilevel fusion procedure at C4-5 and C5-6.

**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)