

# Applied Resolutions LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jun/25/2012

**IRO CASE #:**

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

Cervical Fusion @ C4-C7; 1 day LOS

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

Board Certified 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  
06/24/10 – Designated doctor evaluation –md  
07/01/10 – Functional capacity evaluation  
01/03/11 – MRI Cervical Spine  
02/17/12 – clinical note –md  
03/02/12 – utilization review determination  
04/11/12 – reconsideration letter  
05/08/12 – Utilization review determination  
05/09/12 – request for review by independent review organization  
06/04/12 – notice to applied resolutions llc of case assignment

**PATIENT CLINICAL HISTORY [SUMMARY]**

The claimant is a male who sustained an injury on xx/xx/xx when a metal sheet fell on his chest and neck. The claimant was seen for designated doctor evaluation on 06/24/10. The claimant complained of neck pain rating 7 out of 10. Treatment to date included three weeks of physical therapy, use of a TENS unit, and injections. The claimant's medications included Zolpidem, hydrocodone, Naproxen, and Gabapentin. Physical exam revealed tenderness to palpation at C4-5. Straight leg raise was negative bilaterally. There was normal range of motion of the cervical spine with pain. Sensation was intact. The deep tendon reflexes were normal. There was full strength throughout. The claimant was able to heel and toe walk without difficulty. The claimant was placed at MMI and assigned a 0% whole person impairment. A functional capacity evaluation performed 07/01/10 placed the claimant in the light physical demand level while his occupation as a construction worker required a heavy physical demand level. MRI of the cervical spine performed 01/03/11 revealed straightening of the cervical lordosis. There was mild desiccation from C2-3 through C6-7. At C3-4, there

was a 2mm central disc protrusion that contacted the ventral spinal cord. At C4-5, there was a 2mm central disc protrusion that contacted the ventral thecal sac. At C5-6, there was a 2mm left central disc protrusion that barely contacted the ventral spinal cord. At C6-7, there was a 2mm central disc protrusion that narrowed the central canal to 8-9mm.

The claimant saw Dr. on 02/17/12 with complaints of neck pain and right upper extremity pain. The claimant rated his pain at 8 out of 10. The note states electrodiagnostic studies revealed evidence of C6 radiculopathy. The claimant received three prior epidural steroid injections. Physical exam revealed mild soft tissue pain with palpation. There was no visible atrophy or muscle spasm. There was decreased range of motion of the cervical spine. Spurling's was positive. There was full strength throughout. The claimant was recommended for C4-7 anterior cervical discectomy and fusion. The request for C4-7 fusion with 1 day LOS was denied by utilization review on 03/02/12 due to no documentation of recent conservative care, to include physical therapy progress notes, procedure notes of epidural steroid injections, or medication/pain diaries. A reconsideration letter by Dr. dated 04/11/12 states the prior physical therapy and epidural steroid injections were done by a different doctor whom had moved his office. The note states additional information regarding these procedures could not be obtained. The request for C4-7 fusion with 1 day LOS was denied by utilization review on 05/08/12 due to lack of physical therapy progress notes, operative reports from the epidural steroid injections, and medication reviews documenting claimant response to these therapeutic measures.

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

The claimant complains of neck pain radiating to the right upper extremity. The MRI study of the cervical spine does not reveal any significant disc herniation or protrusions into the canal or foraminal spaces that would reasonably require decompression or fusion. The claimant's physical exams do not reveal clear objective evidence of cervical radiculopathy and no EMG/NCV studies were provided for review. Although the claimant has not improved with physical therapy, injections, or medications; there is insufficient objective evidence of pathology that would reasonably require the requested anterior cervical discectomy and fusion per guidelines. As the clinical documentation provided for review does not support the medical need for the requested service, the prior denials are upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**