

Wren Systems

An Independent Review Organization
3112 Windsor Road #A Suite 376
Austin, TX 78703
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/18/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient C4-6 Anterior Cervical Discectomy and Fusion with 2 Day LOS

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

MD, Board Certified Orthopedic Surgeon, Spine 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 and Treatment Guidelines
Electrodiagnostic testing 09/24/09
Procedure note left stellate ganglion block #4 07/21/10
MRI cervical spine without contrast 10/12/10
Daily chiropractic SOAP notes 12/20/10-12/29/11
Procedure note cervical spinal cord stimulator trial 12/29/10
Follow-up clinic notes various providers 02/17/11-07/09/11
Radiographic report cervical spine complete 03/18/11
CT cervical spine with contrast post myelogram 03/18/11
Myelogram cervical spine 03/18/11
Office visit notes 03/31/11-01/24/12
Psychological evaluation and testing 11/02/11
Utilization review determination 03/01/12
Reconsideration / appeal of adverse determination 03/19/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured on xx/xx/xx secondary to a motor vehicle accident. He complains of neck pain and bilateral arm pain. He is status post left carpal tunnel release in 03/09. EMG/NCV on 09/24/09 revealed minimal left median neuropathy; no cervical radiculopathy. MRI of the cervical spine on 10/12/10 reported straightening and diffuse reversal of the usual cervical lordosis. There is disc dehydration and slight loss of disc space height at all levels from C2-3 through C6-7. There is asymmetric uncinete hypertrophy and arthropathy on the left at C2-3 with left greater than right foraminal stenosis. Bilateral foraminal stenosis is present at C3-4. There is combination of osseous endplate spurring and disc bulging more to the left than right of midline at C4-5 with slight mass effect on the ventral cord surface. There is at least mild central spinal stenosis here along with bilateral foraminal stenosis. There is also bilateral foraminal stenosis at C5-6. There is no obvious intrinsic cord abnormality. CT myelogram on 03/18/11 revealed mild kyphosis of the cervical spine centered at C3-4, with no spondylolisthesis seen. There is a 3mm left paracentral disc

protrusion and posterior osteophytes at C4-5, which indent the left aspect of the cervical cord causing mild central stenosis. No other level of central stenosis is seen in the cervical spine. 1mm disc bulges are seen at C2-3 and C3-4, which slightly flatten the thecal sac without causing central stenosis. There is a 2mm central protrusion at C5-6 mildly indenting the thecal sac without causing central stenosis. There is foraminal stenosis seen in the left C2-3, bilateral C3-4, bilateral C4-5, right C5-6 and bilateral T2-3. The claimant was seen in follow-up on 01/24/12. He continues to have neck and bilateral arm pain.

Physical examination reported decreased sensation in the bilateral C5-6 distribution. Lhermitte's was positive. Motor strength was graded 5/5 except bilateral biceps 4/5 and bilateral brachialis 4/5. Reflexes were 2+ at the bilateral triceps, and otherwise 1+ throughout. The claimant was recommended to undergo C4-6 ACDF.

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

The records indicate that the claimant was injured secondary to motor vehicle accident on xx/xx/xx. He complains of neck and bilateral arm pain. He has undergone left carpal tunnel release on 03/09. Subsequent electrodiagnostic testing on 09/24/09 revealed minimal left median neuropathy but no cervical radiculopathy. The claimant has been diagnosed with RSD of the left upper extremity. The left stellate ganglion block on 07/21/10 was performed and provided significant relief. A subsequent spinal cord stimulator trial on 12/29/10 resulted in greater than 90% pain relief. The objective findings on imaging studies do not demonstrate severe levels of pathology to support the need for 2-level ACDF, and examination findings do not correlate with imaging. The reviewer finds no medical necessity at this time for Inpatient C4-6 Anterior Cervical Discectomy and Fusion with 2 Day LOS.

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)