

SENT VIA EMAIL OR FAX ON
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IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/08/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient C6/7 Anterior Cervical Discectomy and Fusion with 3 day LOS

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

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)

Overturned: ACDF at C6-7 with 1 day LOS?

Upheld: 3 day LOS

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Request for IRO dated 04/25/12

Utilization review determination dated 02/21/12

Utilization review determination dated 03/12/12

MRI cervical spine dated 03/12/09

Clinical records D.C. dated 01/27/10

Clinic notes Dr. 02/23/10

Procedure report lumbar epidural steroid injection dated 04/08/10

Procedure report lumbar epidural steroid injection dated 05/20/10

Clinic notes Dr. 07/13/10-03/20/12

Procedure report lumbar epidural steroid injection dated 08/17/10

Operative report dated 10/18/10

Procedure report cervical medial branch blocks dated 04/20/11

EMG/NCV study dated 05/09/11
MRI cervical spine dated 06/10/11
Behavioral medicine evaluation dated 07/12/11
EMG/NCV study dated 01/30/12

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 is reported to have been involved in rollover motor vehicle accident with semi tractor trailer. Initial clinical records include MRI of cervical spine dated 03/12/09. This study notes a small central cord syrinx measuring 2x2 mm at level of C6. There are multilevel mild degenerative bulges with mild spondylosis and mild neural foraminal narrowing with no significant pathology identified. Records indicate the claimant received chiropractic treatment and was later referred to Dr. for interventional procedures. Records indicate the primary focus was on the claimant's low back pain. He underwent course of lumbar epidural steroid injections and was referred to Dr. on 07/13/10. At this time the claimant is noted to have completed 13-20 visits of physical therapy, had epidural steroid injections without improvement, has neck pain and subsequently was taken to surgery on 10/18/10 and underwent discectomy, foraminotomy, and laminectomy at L4-5. Postoperatively he was referred for physical therapy. The records note on 04/20/11 the claimant underwent cervical medial branch blocks. He was referred for EMG/NCV of upper extremities on 05/09/11. This study is entirely normal and shows no evidence of left cervical radiculopathy. He was referred for repeat MRI of cervical spine on 06/10/11. This study notes mild uncovertebral osteophytes at C3-4 slightly more on left than the right. At C4-5 there is prominent left sided uncovertebral osteophytosis producing moderate narrowing. There is a disc bulge producing slight AP canal narrowing. At C5-6 there is minimal uncovertebral osteophytosis present without significant canal or neural foraminal narrowing. At C6-7 there is small focus of increased signal intensity within cervical spine suggesting a small syrinx. There is mild bilateral neural foraminal narrowing due to facet hypertrophy with mild uncovertebral spurring. There is a broad posterior disc bulge which is slightly asymmetric to the right. The claimant was seen in follow-up by Dr and opined the claimant had a right-sided disc herniation and subsequently recommends ACDF at C6-7. On 07/12/11 the claimant underwent psychiatric evaluation that cleared the claimant for surgical intervention. When seen in follow-up by Dr. on 11/15/11 the claimant is reported to have persistent pain in his neck radiating down his arm. He is reported to have pain on left side but right side is worse problem. He has positive radiculopathy in right upper extremity. He has deep tendon reflex which is absent in right triceps and decreased sensation in C7 dermatome. The claimant was referred for electrodiagnostic study which was performed by, PT and later interpreted by Dr. This study opines there are EMG/NCV abnormalities to suggest C7 radiculopathy on right. There is no indication the cervical paraspinal musculature was tested.

On 02/10/12 the claimant was seen in follow-up by Dr.. The claimant is noted to have pain in right upper extremity. It is noted his surgery was previously denied due to negative EMG/NCV. He was reported to have motor strength weakness graded as 4/5 in triceps and at C6-7 level he has disc problem evident on MRI. Subsequently EMG/NCV was performed for right upper extremity which indeed shows he has C7 cervical radiculopathy. He is opined to be candidate for surgical intervention.

The initial review was performed by Dr. on 02/21/12. Dr. non-certified the request. This report indicates that the submitted clinical records reports medical necessity for ACDF at C6-7; however, length of stay exceeds guidelines. The treating physician was not outreached for modification. He notes if the treating physician can simply agree to preauthorization of one-day length of stay the guidelines would be satisfied for medical necessity.

A subsequent appeal review was performed by Dr. on 04/12/12. Dr. Lee non-certified the request. He discusses the lack of sharp waves on EMG/NCV and opines these findings do not provide good evidence of C7 radiculopathy and subsequently non-certified the request.

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

The request for inpatient C6-7 anterior cervical discectomy and fusion with 3 day LOS is partially overturned. Based on the clinical information provided, the claimant has right lateralizing disc herniation with objective findings on physical examination correlated by EMG/NCV studies. The claimant has undergone extensive conservative treatment and clearly meets criteria for ACDF at C6-7. It would be noted with this request there is 3 day LOS which is upheld because the guidelines recommend 1 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)