

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Nov/19/2012

IRO CASE

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

C5-6 Anterior Cervical Discectomy Fusion w/instrumentation Spinal Monitoring; inpatient 2 day length of stay

A 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)

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
Cover sheet and working documents
X-ray clavicle left and chest 2 views dated 02/26/12
X-ray cervical spine 2 or 3 views dated 03/16/12
MRI chest without contrast dated 03/28/12
SOAP notes and office notes dated 04/05/12-10/23/12
Electrodiagnostic studies dated 04/17/12
Operative report dated 06/19/12
History and physicals dated 06/04/12-07/17/12
Operative report 08/14/12
MRI cervical spine dated 09/14/12
Independent medical evaluation dated 09/19/12
Utilization review determination dated 10/08/12
Utilization review determination dated 11/01/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on xx/xx/xx. The records indicate a rack fell over and hit her in the left shoulder and left side of the neck, knocking her to the floor. She complained of neck pain radiating to the left upper extremity. Imaging studies showed a fracture of the proximal clavicle near the sternoclavicular joint. MRI of the cervical spine on 09/14/12 revealed a C5-6 posterior disc protrusion effacing the anterior subarachnoid CSF

space, which contacts the cord, moderately to severely narrowing the spinal canal to 5mm AP diameter. There is mild narrowing of the bilateral neural foramina. Mild spinal stenosis is noted at C3-4, C4-5, and C6-7 with mild left foraminal narrowing at C4-5. Electrodiagnostic testing on 04/17/12 revealed evidence of a left C6 radiculopathy both acute and chronic in nature. The claimant was treated conservatively with physical therapy, medications, and epidural steroid injections which provided some temporary relief. Required medical evaluation dated 09/19/12 is an independent medical evaluation dated 09/19/12 that noted physical examination findings including decreased range of motion in the neck by about 50%. Spurling test was positive to the left for increased neck pain, but no radiating arm pain. Reflexes were 1+ and equal in the upper extremities. Hoffman and Babinski signs were negative. There was no clonus. There was generalized decreased sensation to pin prick in the left upper extremity. There was some slight weakness in the triceps on the left compared to the right and some weakness in dorsi and volar flexion of the wrist. IME doctor opined that the claimant is a surgical candidate for anterior cervical discectomy and fusion, and further treatment as far as the shoulder depends on what MRI of the shoulder might have ascertained; however, she was felt to be a surgical candidate for the problem in her neck. A request for inpatient three day length of stay; C5-6 anterior cervical discectomy fusion with instrumentation spinal monitoring was non-certified following the review on 10/08/12. The reviewer noted that based on the documentation the request for surgery would be certified, but the request for three day length of stay exceeds the guidelines and therefore both are denied. Since surgery was denied so was the intraoperative monitoring.

An appeal request for C5-6 anterior cervical discectomy fusion with instrumentation spinal monitoring and inpatient two day length of stay was non-certified following the review on 11/01/12. The reviewer noted that there was evidence of symptom magnification with a non-physiologic motor examination. Other providers documented a normal motor exam. All providers noted that reflexes and sensation were normal. EMG alone is not sufficient to document or to define radiculopathy. It was noted the spinal stenosis was not caused by the injury event and MRI does not describe an acute herniation. It was noted the claimant does not appear to suffer from cervical radiculopathy and would not improve from cervical surgery.

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

Medical necessity is established for the proposed C5-6 ACDF with instrumentation spinal monitoring and two day inpatient length of stay. The MRI revealed a C5-6 posterior disc protrusion effacing the anterior subarachnoid CSF space, contacting the cord, and moderately to severely narrowing the spinal canal to 5mm AP diameter. EMG reported findings consistent with a left C6 radiculopathy, both acute and chronic in nature. The claimant failed to improve with conservative care including physical therapy, medications, and epidural steroid injections. Independent medical evaluation on 09/19/12 determined that the claimant was a surgical candidate for anterior cervical discectomy and fusion. It appears that the request does meet Official Disability Guidelines criteria, and medical necessity is established for the proposed surgical procedure and the prior determinations are overturned.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES