# Pure Resolutions LLC

**An Independent Review Organization**
**990 Hwy 287 N. Ste. 106 PMB 133**
**Mansfield, TX 76063**
**Phone: (817) 405-0870**
**Fax: (512) 597-0650**
**Email: manager@pureresolutions.com**


## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**
Nov/05/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**
Anterior cervical discetomy with fusion and plating at C4/5, C5/6, and C6/7 with a one 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:

[ X ] 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 <u>each</u> health care service in dispute.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**
ODG - Official Disability Guidelines & Treatment Guidelines

Cover sheet and working documents
Clinical progress report by Dr. dated 04/04/12
MRI cervical spine dated 04/20/12
Clinical notes Dr. dated 04/26/12-08/23/12
Procedure report dated 05/02/12
Independent medical evaluation Dr. dated 05/22/12 for patient
CT myelogram cervical spine dated 07/25/12
Prior reviews dated 08/09/12 and 09/04/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who has been followed for history of neck and right upper extremity pain. MRI studies of cervical spine completed on 04/20/12 revealed disc bulging at C4-5 with loss of disc height. Contact in anterior cord was noted; however, no lateralization was present. Disc desiccation and loss of disc height was present at C5-6 with broad based disc bulging present. No cord contact or foraminal stenosis was present. Loss of disc height was also present at C6-7; however, no disc herniations or bulging was appreciated. Clinical evaluation dated 04/26/12 indicated the patient did undergo a course of Prednisone without improvements. The patient denied any tobacco use. Physical examination at this visit revealed negative Lhermitte's signs with decreased range of motion in right shoulder. Generalized weakness in right upper extremity as compared to the left was present. Reflexes were reduced right versus left. No muscular atrophy or fasciculations were seen, and there was nondermatomal hypoalgesia in right upper extremity. The patient was given anti-inflammatories to include Motrin 800 mg and scheduled for epidural steroid injection which was completed on 05/02/12. Follow-up on 05/10/12 indicated the patient had persistent pain in the right upper extremity and neck. The patient could not tolerate anti-inflammatories and was started on Ultram. There were recommendations for physical therapy. Follow-up on 06/14/12 indicated the patient had no improvement with physical therapy for approximately one month. CT myelogram studies were recommended. CT myelogram study dated 07/25/12 revealed posterior extradural defects from C3-6 with disc space narrowing and spondylosis. Post myelogram CT demonstrated broad based disc bulging in osteophyte complex which contacted and deformed cervical cord at C4-5. There is a typo in the report indicating 2 C6-7 levels. What appears to be C5-6 level has mild cord contact due to degenerative disc disease and moderate spondylosis contributing to bilateral foraminal stenosis right worse than left. Spondylosis and degenerative disc disease also contributed to moderate foraminal stenosis bilaterally at C6-7. No contact of the cord at this level was present. Follow-up on 07/30/12 continued to report neck and right upper extremity pain. The patient was reported to have Lhermitte's phenomenon with range of motion of cervical spine.

The request for anterior cervical discectomy and fusion from C4-7 with one day length of stay was denied by utilization review as there was lack of exam findings to correlate with all three levels that had been requested.

The request was again denied by utilization review on 09/04/12 as there were limited exam findings to support clear etiology of pain at levels requested.

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

The requested anterior cervical discectomy and fusion from C4-7 with one day length of stay is not recommended as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. While CT myelogram studies revealed degenerative disc disease with contact of the cord from C4-7, there are no clear objective findings on physical examination which identify all three levels are symptomatic. No other supporting diagnostic testing such as electrodiagnostic studies were submitted for review to further clarify symptomatic levels. The most recent clinical evaluation discussed positive Lhermitte's signs. However, there were no clear upper extremity radicular findings to support all three levels were symptomatic. The CT myelogram study did not show any cord contact at C6-7 and given lack of any objective evidence on physical examination supporting C6-7 is symptomatic level, the requested three level anterior cervical discectomy and fusion would not be supported as medically necessary. Therefore, 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