

IRO REVIEWER REPORT TEMPLATE -WC

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Notice of Independent Review Decision

Date notice sent to all parties:

October 1, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Reconsideration of Fortes Non-Authorization of additional outpatient cervical x-rays.

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

Board Certified Neurosurgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Clinical notes

MRI cervical spine 04/17/12

Radiographs cervical spine 04/18/12-07/13/12

Operative report 04/19/12

Cover sheet working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a old male who sustained an injury and has been followed for chronic neck pain. The patient is status post multiple surgical procedures to the cervical spine to include anterior cervical discectomy and fusion at C6-7 in 2002 with pseudoarthrosis repair and anterior cervical discectomy and fusion from C3 to C6 in 2008. The patient is status post anterior and posterior cervical fusion from C2 to C5 on 04/19/12. Post-operative follow up on 04/30/12 stated the patient had tenderness in the cervical spine and had a hard time swallowing pills. Physical examination revealed intact incisions with post-operative dysphagia. The patient was prescribed a Medrol DosePak for hoarseness and dysphagia as well as minocycline for folliculitis. Post-operative radiographs on 04/23/12 revealed post-operative changes from C2 to C4 with arch corpectomy at C3. There was anterior cervical discectomy and fusion at C4-5 with anterior plating and interbody screws coursing through C2 and C4. No hardware complications were reported. Post-operative follow up in on 05/23/12 indicated that the patient's pre-operative symptoms have completely resolved. No focal neurological deficits were noted in the upper extremities. Repeat radiographs of the cervical spine dated 07/13/12 revealed no significant interval changes in the cervical spine with intact hardware from C2 to C5. No acute fractures were identified. Follow up on 07/18/12 indicated the patient continues to do well with no significant recurrence of pre-operative symptoms. The request for outpatient cervical radiograph studies were denied by utilization review on 08/07/12 as there was no indication for repeat radiograph studies. The request was again denied by utilization review on 08/21/12 as there was no indication for the testing.

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

The request for cervical radiograph studies is recommended as medically necessary based on the clinical documentation provided for review. The patient underwent posterior and anterior cervical fusion from C2 to C5 in 04/12. Although the most recent post-operative radiographs of the cervical spine failed to identify any significant complications from the surgical procedure, this study did not discuss or identify that fusion consolidation had occurred. The patient would reasonably require additional radiograph studies of the cervical spine to

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evaluate the patient's fusion grafts. As the patient is noted to have had a prior history of pseudoarthrosis which required surgical intervention in the past, updated radiograph studies would be reasonable and necessary to ensure consolidation of the fusion graft and rule out continuing pseudoarthrosis. In this case the request for cervical radiographs as an outlier to Official Disability Guidelines and is indicated due to the patient's prior history of pseudoarthrosis and extensive fusion from C2 to C5.

**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**

**Official Disability Guidelines, Online Version, Neck and Upper Back
Chapter**

Indications for imaging -- X-rays (AP, lateral, etc.):

- Cervical spine trauma, unconscious
- Cervical spine trauma, impaired sensorium (including alcohol and/or drugs)
- Cervical spine trauma, multiple trauma and/or impaired sensorium
- Cervical spine trauma (a serious bodily injury), neck pain, no neurological deficit
- Cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet
- Cervical spine trauma, alert, cervical tenderness
- Chronic neck pain (= after 3 months conservative treatment), patient younger than 40, no history of trauma, first study
- Chronic neck pain, patient younger than 40, history of remote trauma, first study
- Chronic neck pain, patient older than 40, no history of trauma, first study
- Chronic neck pain, patient older than 40, history of remote trauma, first study
- Chronic neck pain, patients of any age, history of previous malignancy, first study
- Chronic neck pain, patients of any age, history of previous remote neck surgery, first study
- Post-surgery: evaluate status of fusion