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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/27/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

anterior cervical diskectomy with fusion and plating C4-5 C5-6 LOS 1 day

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

M.D., 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)

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

The reviewer finds medical necessity does not exist at this time for anterior cervical diskectomy with fusion and plating C4-5 C5-6 LOS 1 day.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Report of medical evaluation 01/21/2006
Progress notes 05/03/07-06/11/12
Progress notes dated 10/04/07-04/04/12
Physical examination and review of medical records dated 10/14/09
Lumbar myelogram 01/19/10
Discharge summary 04/04/10
Radiographic report AP and lateral lumbar spine 02/24/11
Radiographic report AP and lateral lumbar spine three views dated 04/25/11
Operative report dated 01/03/12
MR cervical spine without contrast dated 03/29/12
Utilization review determination dated 06/20/12
Utilization review determination dated 07/05/12
response regarding disputed services dated 08/08/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whose date of injury is xx/xx/xx. He was climbing when he slipped and fell approximately eight feet, landing on his buttocks. Claimant is status post L5-S1 decompression and fusion performed 07/19/05. Post-operative infection was treated with

oral antibiotics. Claimant underwent L4-5 decompression and fusion on 03/31/10 with removal of previous hardware and L4-S1 posterolateral fusion. Bone growth stimulator was removed on 01/03/12. He was seen on an emergency basis with severe neck pain and numbness and tingling in both hands on 05/19/09. MRI of the cervical spine performed 03/29/12 revealed disc protrusion at C4-5 and C5-6 with central canal stenosis, C4-5 greater than C5-6. The claimant was seen on 06/11/12 by who noted the claimant continued with severe chronic mechanical lumbar pain with discomfort in the legs. He takes hydrocodone, Flexeril and Motrin. Claimant states that his back is getting worse. He was also being followed for severe cervical disc disease. Cervical MRI scan was noted to show severe problems with C4-5 and C5-6 disc protrusions with severe central canal stenosis mainly at C4-5 with cord compression and bilateral root compression. Sagittal diameter at C4-5 is 7mm and at C5-6 8mm. He is having severe neck pain and bilateral radiating shoulder and arm pain with increasing numbness and weakness in all four extremities with Lhermitte phenomenon with range of motion of the neck. Anterior cervical discectomy with interbody fusion and plating in C4-5 and C5-6 has been recommended and denied twice.

A request for outpatient anterior cervical discectomy with fusion and plating C4-5 C5-6 and one day LOS was non-certified per utilization review dated 06/20/12. The reviewer noted that per latest medical report dated 06/11/12 the claimant presented with persistent severe neck and arm pain with associated worsening numbness and weakness in all four extremities. The most recent physical examination was documented on 01/03/12, showing a positive Lhermitte test, generalized weakness of all four extremities, scattered sensory loss on all four extremities, decreased deep tendon reflexes on both upper extremities and no focal muscular atrophy. There was no recent and comprehensive neurological examination of the upper extremities submitted for this review. MRI of the cervical spine done 03/29/12 showed disc protrusion at C4-5 and C5-6 with central canal stenosis. No radiographs were submitted documenting cervical spine instability. While the claimant was noted to have undergone physical therapy, there were no notes submitted documenting treatments directed towards addressing the neck and arm issues and the claimant's response to such treatments. The claimant should have undergone conservative treatment for six to eight weeks prior to considering surgical intervention. In addition the claimant is a smoker and there was no documentation that this issue was addressed as smoking is a predictor of poor outcome for fusion and the claimant was advised on potential complications.

A reconsideration request was non-certified per utilization review dated 07/05/12. It was noted that the claimant is reported to have progressive worsening of clinical symptoms. Most recent documented physical examination is six months old performed on 01/03/12 showing a positive Lhermitte test, generalized weakness of all four extremities, scattered sensory loss on all four extremities, decreased deep tendon reflexes on both upper extremities and no focal muscular atrophy. Cervical MRI dated 03/29/12 showed disc protrusion at C4-5 and C5-6 with central canal stenosis. The records indicate the claimant has received physical therapy without benefit. There is no indication the claimant has undergone cervical epidural steroid injection.

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

The claimant sustained an injury to the low back secondary to a slip and fall on xx/xx/xx. He has undergone previous lumbar spine decompression and fusion L4 through S1. According to the designated doctor evaluation on 10/14/09 it appears the claimant was seen on an emergency basis with severe neck pain and numbness and tingling in both hands on 05/19/09. The designated doctor was unable to explain the claimant's sudden onset of neck pain and diffuse discomfort several years after the date of injury. The designated doctor did not believe this neck pain and upper back pain in all medical probability to be related to the work injury. Records submitted detail that the claimant has severe neck pain and bilateral radiating shoulder and arm pain. Examination on 01/03/12 shows positive Lhermitte test with generalized weakness of all four extremities and scattered sensory loss on all four extremities as well as decreased deep tendon reflexes of both upper extremities and no focal muscular

atrophy. MRI of the cervical spine on 03/29/12 showed disc protrusions at C4-5 and C5-6 with central canal stenosis which was moderate to severe C4-5 greater than C5-6. As per the ODG, there was no comprehensive history of conservative treatment for the cervical spine documenting failure of at least six to eight weeks of conservative measures prior to consideration of surgical intervention. It was also noted that there is no indication the claimant has undergone cervical epidural steroid injection. Given the lack of documentation of failure of appropriate conservative management and a current physical examination, the reviewer finds medical necessity does not exist at this time for anterior cervical discectomy with fusion and plating C4-5 C5-6 LOS 1 day.

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)