

Clear Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/04/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

C5-6 Posterior Cervical Laminectomy with 2 day inpatient stay

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

M.D., Board Certified Orthopedic Spine Surgeon, Practicing Neurosurgeon

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 for C5-6 Posterior Cervical Laminectomy with 2 day inpatient stay.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes 03/31/11-06/01/12
MRI cervical spine 03/27/12
Physical therapy evaluation 06/14/11
Prior reviews 07/12/12 and 07/31/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who has been followed for complaints of neck pain following a work related injury. The patient is a status post cervical facet rhizotomy, which did not significantly improve patient's complaints. Medications have included meloxicam tramadol and cyclobenzaprine, which did provide benefits. The patient has also utilized cervical traction and physical therapy. The patient also reported occasional numbness and tingling in the upper extremities while sleeping or in a lateral forward position. Patient was recommended for an updated MRI study, which was completed on 03/27/12. This study revealed broad based disc osteophyte complexes at multiple levels including C5-6. At the C5-6 level there was mild to moderate foraminal narrowing with ventral effacement of the thecal sac. No contact or compression of the spinal cord was noted. Follow up on 05/03/12 stated the patient has had increasing neck pain with tingling sensations radiating into the bilateral shoulders and upper extremities. The patient reported he is unable to lift any weight over 25-30 pounds without exacerbation of symptoms. Physical examination reveals paracervical

tenderness and spasms at the trapezial at the trapezius. Hypoesthesia in a C5-6 dermatome was noted. Cervical flexion extension films were recommended and follow up on 06/01/12 indicated that films revealed no instability at C5-6. The patient's symptoms continued as of 06/01/12 and physical examination remained unchanged. The physical examination did report some motor weakness with gripping and at the biceps. The patient was recommended for posterior decompression at C5-6 with possible fusion. The request for posterior cervical laminectomy with two-day inpatient stay was denied by utilization review on 07/12/12 as there was no documentation of any recent conservative treatment to include injections. The request was again denied by utilization review on 07/31/12 as there was no evidence of recent attempts at conservative treatment.

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

The clinical documentation provided for review does not address concerns noted in prior reviews, which identify the lack of any recent conservative treatment. The patient is noted to have responded to prior facet rhizotomy and it is unclear if any recent selective nerve root blocks or epidural steroid injections were provided to the patient to address symptoms. It is also unclear if patient has undergone any recent physical therapy or use of medications. Current evidence based guidelines recommend that all reasonable attempts at conservative treatment be attempted prior to surgical intervention. The patient has no clear myelopathic symptoms and there is no evidence of cord compression on the most recent MRI study, which would support the procedure. The clinical documentation provided for review does not address concerns identified in prior utilization reviews. There no evidence of myelopathy on exam or on imaging studies. Therefore, the reviewer finds medical necessity does not exist for C5-6 Posterior Cervical Laminectomy with 2 day inpatient stay.

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)