

# True Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Mar/19/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

1 day inpatient stay; ACDF C5/6, C6/7

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

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.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
MRI left shoulder 06/06/12  
Clinical note 05/04/12  
Clinical notes 06/20/12 and 08/22/12  
Designated doctor evaluation 12/04/12  
Computerized muscle and range of motion testing 12/13/12  
MRI cervical spine 12/27/11  
Clinical record 02/06/12  
CT cervical spine 02/21/12  
Letter 02/27/12  
Electrodiagnostic studies 03/26/12  
Clinical record 07/13/12  
Letter 08/13/12  
Clinical record 08/14/12  
Clinical notes 09/07/12-01/28/13  
Radiographs cervical spine 09/07/12  
MRI cervical spine 12/05/12  
Prior reviews 01/23/13 and 02/22/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who was shot in the neck with a nail gun on xxxx. Initial imaging of the cervical spine on xxxx revealed a possible retained foreign body in the left upper dorsal neck.

Otherwise, the MRI study was reported as normal. CT studies were recommended to further evaluate the retained fragment. CT of the cervical spine on 02/21/12 revealed posterior osteophyte formation at C5-6 and C6-7 with mild facet degenerative joint disease. No canal or neural foraminal stenosis was identified. A letter on 02/27/12 did not recommend any surgical procedures for the patient. Electrodiagnostic studies on 03/26/12 revealed evidence of an active radiculopathy involving the left C7 nerve root. The patient underwent epidural steroid injections for the cervical spine with no significant response. A second letter on 08/13/12 again did not recommend surgery for the patient. The patient was seen on 09/07/12 with ongoing complaints of neck pain radiating to the left upper extremity. The patient reported no significant benefits from epidural steroid injections or physical therapy sessions for 16 weeks. Physical examination revealed decreased range of motion with a positive Spurling sign to the left. Weakness was present in the left wrist extensors and left elbow extensors and flexors. Reflexes were absent to the left at the triceps. Radiographs at this visit revealed reduced disc space height at C5-6 and C6-7. Updated MRI studies were recommended for the patient and performed on 12/05/12. This study revealed a left sided disc protrusion at C5-6 measuring 4mm producing moderate canal stenosis and producing moderate left lateral recess and neural foraminal stenosis. At C6-7, there was a left sided disc protrusion measuring 4mm contributing to a left neural foraminal stenosis. A designated doctor evaluation on 12/04/12 indicated that the patient had complaints of neck pain radiating to the left upper extremity that was 9/10 on the VAS. Physical examination revealed cervical paraspinal tenderness with palpation. Range of motion of the cervical spine was somewhat restricted. No upper extremity weakness was present and there was no clear evidence of atrophy. Grip strength was significantly reduced left versus right, however. Pinch strength in the hands was symmetric. Reflexes were full and symmetric in the upper extremities and there was decreased sensation in the left middle through small fingers with 8mm of two point discrimination in the ulnar nerve distribution. Tinel sign was also positive at the left elbow. The patient was placed at maximum medical improvement as of 07/13/12. Follow up on 12/13/12 stated that the patient continued to have left positive left Spurling sign with weakness in the left upper extremity as compared to the right. Reflex continued to be absent at the left triceps. The patient was recommended for an updated EMG study on 01/20/13. The requested anterior cervical discectomy and fusion at C5-6 and C6-7 followed by a one day inpatient stay was denied by utilization review on 01/23/13 as the patient had inconsistent neurological findings based on designated doctor evaluations and exam findings reported. It was also noted that the electrodiagnostic studies provided for review were interpreted by a chiropractor. The request was again denied by utilization review on 02/22/13 as there was no imaging study provided for review or recent physical examination findings.

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

Based on the clinical documentation provided for review, the requested anterior cervical discectomy and fusion at C5-6 and C6-7 is not supported based on guideline recommendations. From the clinical documentation provided for review, the patient has a significantly inconsistent physical examination report. Clinical notes indicated left sided radicular findings, however. The patient had a normal upper extremity exam on the recent designated doctor evaluation in 12/12. Although there is positive electrodiagnostic evidence reported from the previous electrodiagnostic studies, this report was generated by a chiropractor and the results would not be considered valid per AANEM guidance regarding the performance of electrodiagnostic studies. Clinical notes indicated that asked for an updated EMG study; however, this was not provided for review. Given the inconsistent exam findings that are not concordant with the imaging studies submitted for review and given the lack of any updated EMG studies regarding the upper extremities, it is the opinion of this reviewer that the patient does not meet guideline recommendations regarding two level cervical fusion from C5 to C7. As such, the patient does not require one day of inpatient stay. This reviewer feels that the prior denials should be upheld at this time.

**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)