

# Clear Resolutions Inc.

An Independent Review Organization

6800 W. Gate Blvd., #132-323

Austin, TX 78745

Phone: (512) 879-6370

Fax: (512) 519-7316

Email: resolutions.manager@cri-iro.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Apr/03/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** anterior cervical discectomy and fusion (ACDF) at levels C5-C7 with 2 days of hospital inpatient stay

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D. O. Board Certified Neurological Surgery

**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.** It is the opinion of the reviewer that the request for anterior cervical discectomy and fusion (ACDF) at levels C5-C7 with 2 days of hospital inpatient stay is not medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

MRI cervical spine 09/26/11

Clinical notes 11/07/11-11/29/12

Operative report 03/09/12

Psychological evaluation 12/13/12

Previous utilization reviews 01/26/13 and 02/20/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who reported an injury to his cervical spine. MRI of the cervical spine on xxxxx revealed broad 3mm osteophyte disc protrusion complex with mild thecal sac stenosis at C5-6. Moderate right neural foraminal narrowing was also noted along with mild left neural foraminal narrowing. A broad 3-4mm osteophyte disc protrusion complex was noted at C6-7 with mild thecal sac, severe right neural foraminal narrowing, and moderate left neural foraminal narrowing. Clinical note dated xxxxxx detailed the patient complaining of cervical spine pain. The patient stated that the initial injury occurred when he tripped over a protruding object while bonding helicopter blades together. The patient stated that he fell backwards on to the floor injuring his neck back and head. The patient rated his neck pain as 6/10 at this time. The patient also had complaints of headaches. Numbness and tingling were intermittent in the right hand and forearm. Weakness was also noted upon exam in the right upper extremity. Clinical note dated 11/29/12 detailed the patient undergoing physical therapy and injections with some benefit. Upon exam, the patient had 5/5 strength throughout the upper extremities. Reflexes were within normal limits. Operative report dated 03/09/12 detailed the patient undergoing epidurogram and epidural steroid injection. Clinical note dated 11/29/12 detailed the patient continuing with cervical spine complaints. No changes were noted in clinical presentation upon exam. The patient continued with 5/5 strength at the upper extremities. No sensation

losses were noted. The pre-surgical psychological evaluation dated 12/13/12 detailed the patient being fully endorsed for the proposed spinal surgery.

Previous utilization review dated 01/26/13 for an ACDF at C5 through C7 with a two day inpatient stay resulted in denial secondary to lack of significant clinical findings upon exam. No strength deficits or sensation losses were noted.

Previous utilization review dated 02/20/13 for an ACDF at C5 through C7 with a two day inpatient stay resulted in denial secondary to lack of information confirming significant clinical findings that would warrant a surgical intervention at that time.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** Clinical documentation details the patient complaining of cervical spine pain. Official Disability Guidelines recommend an anterior cervical discectomy and fusion provided that the patient meets specific criteria, including manifestation of significant clinical findings involving radicular pain, sensation losses in a distribution correlating with imaging studies, and evidence of motor deficits or reflex changes. The patient has radiating pain from the cervical spine. However, no information was submitted regarding sensory losses, motor deficits, or reflex changes in the appropriate distributions. Given the lack of significant clinical findings confirming radiculopathy component, this request does not meet guideline recommendations. As such, it is the opinion of the reviewer that the request for anterior cervical discectomy and fusion (ACDF) at levels C5-C7 with 2 days of hospital inpatient stay is not medically necessary.

**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 KNOWLEDGBASE

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)