



Southwestern Forensic  
Associates, Inc.

Notice of Independent Review Decision

**IRO REVIEWER REPORT**

**DATE: February 5, 2013**

**IRO CASE #:**

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

Inpatient hospital length of stay status post C5-C6 anterior discectomy and fusion and instrumentation

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

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering cervical disc herniation with radicular symptoms

**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)

Seeing as though this claimant has no pre-authorization for cervical surgery at this time, no length of stay would be appropriately pre-authorized.

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

1. SWF forms
2. TDI referral forms
3. Certification of independence of the reviewer
4. Notice of UR Findings, 12/13/12 and 12/21/12
5. Letter, To Whom It May Concern, 01/17/13
6. Index medical records, Tab A, agency claims manager information sheet, 02/27/12 and 12/28/12

7. Notice of Disputed Issues and Refusal to Pay Benefits, letters dated 10/12/12, 12/29/12, and 11/28/12
8. Tab B, Diagnostics, MRI of C-spine, 05/16/12 revealing C5-C6 posterior disc herniation measuring approximately 5 mm with C6-C7 posterior disc bulging 3 mm
9. MRI scan of the thoracic spine, 05/17/12
10. MRI scan of the right shoulder, 05/18/12
11. MRI scan of the lumbar spine, 07/05/12
12. Functional Capacity Evaluations, 09/11/12, 10/10/12, 10/30/12, and 11/26/12
13. Tab C, medical documentation MD, 22 medical entries between 03/15/12 and 11/28/12
14. Physical Medicine & Rehabilitation evaluation, 03/19/12, with multiple daily physical therapy progress notes
15. Re-evaluations, 04/25/12 and 09/20/12 with multiple work hardening progress notes
16. X-ray report, lumbosacral spine films, 04/10/12
17. MD, 07/31/12, 08/30/12, 11/29/12, and 12/07/12
18. Psychological evaluations, 09/26/12, 10/17/12, 10/24/12, and 11/13/12
19. Tab D, evaluations, DWC069 form, 12/05/12, revealing MMI at 05/24/12 as the last date of physical therapy and two percent whole person impairment, , MD.
20. DWC073 form, 12/12/12
21. Designated Doctor Evaluation, MD, 12/05/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female employee of the xx who suffered an injury straining to carry up and down stairs on xx/xx/xx and xx/xx/xx . She suffered reported injuries to her cervical spine and right shoulder. She has been treated extensively with nonsteroidal anti-inflammatory medication, activity modification, physical therapy, and a work hardening program. She has had prior injury to her lumbar spine and complains of low back pain simultaneous with the cervical pain and right arm pain. She has been evaluated on a number of occasions. A recommendation for anterior cervical discectomy and fusion with instrumentation at levels C5-C6 was met with denial of pre-authorization. This was reconsidered and denied.

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

The specific question posed for this independent review was related to the inpatient length of stay to be expected after C5-C6 anterior cervical discectomy and fusion. The most common admission technique is to admit patients for anterior cervical discectomy and fusion to an observation status allowing 23 hours of hospitalization. The surgery for the anterior discectomy and fusion is accomplished on the day of admission and on the day after surgery, the patient is either discharged under observation status or the hospitalization is extended based on potential complications or inadequate pain management or problems with mobilization. After an observation status, which is extended, the hospital length of stay is usually an additional day or two. Seeing as though this claimant has no pre-authorization for cervical surgery at this time, no length of stay would be appropriately pre-authorized.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)