

# Clear Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/03/2013

IRO CASE #:

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2 with 3 day length of stay

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D. Board Certified Clinical 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 this reviewer that the requested arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2 and a 1 day length of stay only is medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines  
Request for IRO 06/06/13  
Receipt of request for IRO 06/27/13  
Physician review recommendation 05/17/13  
Utilization review determination 05/17/13  
Request for additional records 06/18/13  
Request for additional records 06/28/13  
Peer review report 06/25/13  
Radiographic report right shoulder 06/01/12  
Physical therapy progress note 07/06/12  
Clinical note 08/06/12  
MRI cervical spine 08/27/12  
Clinical note 11/15/12 and 05/06/13  
Radiographic report cervical spine 05/03/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The claimant is a male who sustained work related injuries to his shoulder and cervical spine on xx/xx/xx. On the date of injury he was lifting while extending his arm sustaining injuries to his shoulder and neck. The claimant was referred for radiographs of the right shoulder on 06/01/12 which noted moderately severe arthritic changes about the right shoulder. On 07/06/12 the claimant was seen in follow up and the claimant was being seen primarily for shoulder injury. On 08/06/12 the claimant was seen. He had complaints of tingling in the left shoulder and posterior aspect of the neck. He

reported that both a hands are numb. On physical examination he had restrictions in range of motion and reflexes at the triceps and biceps and brachioradialis were each trace and he was reported to have weakness in the triceps on both sides on the left greater than the right sensory examination did not have a significant anatomical pattern.

A review of radiographic studies showed severe osteoarthritis in both shoulders and he was noted to have advanced degenerative disease in the cervical spine and the claimant was referred for MRI of the cervical spine which noted a mild reversal of normal cervical lordosis at C4-5 with normal pre-vertebral soft tissues and normal signal intensity. There was disc desiccation seen throughout the cervical spine and upper thoracic spine with decreased disc spaces more prominent from C4 to C7 considered consistent with degenerative disc disease and there were mild degenerative changes at C2-3 and C3-4 and C4-5 without significant spinal canal or neural foraminal stenosis and at C5-6 there was a broad disc protrusion indenting the dural sac with degenerative changes of the right uncovertebral joint and facets producing moderate to severe intervertebral neural foraminal stenosis without significant spinal canal or left neural foraminal stenosis and at C6-7 there was a broad disc protrusion acentric towards the right with bilateral degenerative changes of the uncovertebral joints producing severe right and moderate to severe left intervertebral neural foraminal stenosis without significant spinal canal stenosis and on 11/15/12 the claimant was seen. He reported cervical muscle spasms limited mobility secondary to pain and muscle space and was reported to have completed physical therapy years ago and denied previous cervical epidural steroid injections and on physical examination the claimant was 5'8" and 171 pounds and no detailed physical examination was annotated and the claimant was provided a prescription for Flexeril and was recommended to undergo further conservative treatment of physical therapy and cervical epidural steroid injections. He was offered an ACDF from C5 to C7 on 05/08/13 and repeat radiographs were performed of the cervical spine which showed fairly severe degenerative disc disease changes and facet osteoarthritis with no instability. On 05/06/13, the claimant was seen in follow up. He is reported to have been seen in the past and received epidural steroid injections which did not provide any more relief for 4 weeks. He is reported to have had physical therapy in the past. The claimant does not want any further conservative treatment and wants to proceed with surgical intervention. On physical examination he is reported to be 5 feet 8 inches tall and weighs 173 lbs. He is reported to have decreased sensation in the bilateral C5 and C6 dermatomes. He had an absent biceps and 1+ triceps reflex bilaterally. He has no Hoffmann's sign. He is reported to have 4/5 strength in shoulder flexion and 4/5 strength in the biceps. Reflexes were reported as normal. The claimant subsequently was recommended to undergo ACDF from C5 to C7 with cadaver graft end plate.

The initial request was reviewed on 05/07/13. The reviewer non-certifies the request noting that the claimant has a history of previous cervical spine injury over 10 years prior. He notes that the record does not contain any data regarding the patient's medication regimen or information regarding previous injection therapy or other supervised therapeutic interventions for the cervical spine complaints. He notes that the claimant's objective findings and symptomology do not correlate with the imaging of the cervical spine. Further, he notes that there is a request for a 3 day inpatient stay which is excessive per the Official Disability Guidelines.

The appeal request was reviewed on 06/25/13. The reviewer notes that the request for surgical intervention is medically necessary as there is evidence of severe right foraminal stenosis at C5-6 and C6-7 due to facet joint hypertrophy and disc protrusions. He notes that the claimant has right upper extremity weakness in the C6 myotome and that the claimant is reported not to have improved with conservative management. He notes that given the severity of the foraminal stenosis at C5-6 and C6-7, it is unlikely that the claimant would improve with conservative treatment. He notes that while the surgical request is supported, the 3 day length of stay would not be supported per the Official Disability Guidelines as an inpatient stay for anterior cervical discectomy and fusion is limited to 1 day.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The submitted clinical records indicate that the claimant is a male who sustained an injury on. He has undergone and exhausted conservative management and there is clear correlation between the claimant's imaging studies, subjective reports, objective findings, and physical examinations. Per the appeal review, the claimant's surgery is appropriate; however, there was an apparent request for a 3 day inpatient stay which is not within recommended guidelines. And on this basis, the denial was issued. Given the patients current clinical condition, it is the opinion of this reviewer that the requested arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2 and a 1 day length of stay only is 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 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)