

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jun/11/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 day LOS, Decompression Laminectomy and Foraminotomies C6/7

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

Board Certified 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

Peer report dated 06/16/11

Impairment rating assessments dated 10/20/12 & 11/14/12

Urodynamic evaluation dated 01/17/12

Addendum dated 01/17/12

Voiding cystourethrograms dated 01/24/12

Urology follow up dated 02/07/12

Radiographs of the cervical and lumbar spine dated 05/09/11

Radiographs of the shoulders and right hip dated 05/16/11

CT of the cervical spine dated 05/18/11

Clinical reports dated 05/23/11 & 06/13/11

Clinical report by Dr. dated 06/16/11

Clinical report dated 06/20/11

MRI of the cervical and lumbar spine dated 06/24/11

Clinical reports by Dr. dated 06/26/11 – 07/05/11

Clinical report by Dr. dated 12/09/11

Electrodiagnostic studies dated 12/22/11

Clinical report by PAC dated 10/15/12

Electrodiagnostic studies dated 11/06/12

Clinical notes by PAC dated 11/19/12 – 01/02/13

Clinical report by Dr. dated 01/14/13

Clinical note by PAC dated 01/30/13

MRI of the cervical spine dated 02/08/13
Clinical reports by PAC dated 02/25/13 – 03/08/13
Clinical report by Dr. dated 03/25/13
Prior reviews dated 04/02/13 & 04/12/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is male who initially sustained an injury on xx/xx/xx. The patient is noted to be status post anterior cervical discectomy and fusion at C5-6. The most recent MRI studies of the cervical spine completed on 02/08/13 showed evidence of severe canal stenosis with compression of the spinal cord at C6-7. The patient was continually followed by PAC through March of 2013 with ongoing complaints of neck pain radiating to the left upper extremity. The patient also reported pain increasing in the hands. The patient has been managed on several medications and physical examination did reveal weakness in the upper extremities with sensory deficits noted in a C6 dermatomal distribution. The most recent evaluation by Dr. on 03/25/13 stated the patient has continued to have neck pain radiating into the upper extremities with associated numbness. Physical examination revealed hypoactive reflexes throughout the upper and lower extremities.

The request for C6-7 foraminotomy, laminectomy, and decompression with a 1 day length of stay was denied by utilization review on 04/02/13 as there was insufficient evidence of a radicular process that would support surgery.

The request was again denied by utilization review on 04/12/13 as there was no evidence for myelopathy and EMG studies were negative for radiculopathy.

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

The patient has continued to report ongoing neck pain with radiating pain to the left upper extremity with associated numbness. MRI studies did reveal evidence of severe canal stenosis with cord compression. Given the extent of the cord compression noted on imaging studies and the patient's early symptoms of myelopathy that including burning and numbness in the upper extremities, the requested decompression via laminectomy and foraminotomies at C6-7 would be supported as standard of care and medically necessary. The patient would reasonably require a decompression at C6-7 to relieve compression of the spinal cord. This objective finding would not be addressed with conservative treatment and surgical decompression of the spinal cord would be indicated to prevent further injury to the neural structures in the cervical spine. Given the clear evidence of cord compression on imaging studies and the patient's early signs of myelopathy, it is this reviewer's opinion that medical necessity for the requested C6-7 decompression via foraminotomy and laminectomy is supported and the prior denials are overturned.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES