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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: May/13/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: inpatient one day anterior cervical discectomy with fusion and plating at C5-6, C6-7

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 this reviewer that the requested inpatient one day anterior cervical discectomy with fusion and plating at C5-6, C6-7 is reasonable and medically appropriate

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
History and physical 08/08/12
Operative report 08/08/12
Lumbar CT myelogram 05/29/12
Radiographs lumbar spine 05/07/12
Clinical notes 06/29/11-02/27/13
Radiographs cervical spine 06/29/11
CT myelogram cervical spine 07/19/11
Radiographs lumbar spine 11/19/12 and 02/27/13
Prior reviews 03/07/13 and 03/15/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was initially injured on xx/xx/xx. The prior surgical history included left carpal tunnel release and lumbar decompression and fusion in 08/12. The patient reported posterior cervical pain radiating through the left upper extremity with associated numbness. CT radiographs of the cervical spine in 06/11 demonstrated spondylosis at C5-6. CT myelograms of the cervical spine on 07/19/11 identified disc space narrowing at C5-6 with moderate encroachment on the anterior thecal sac. Moderate canal stenosis and mild neural foraminal stenosis were present at C5-6. At C6-7, there was mild broad based disc bulging encroaching on the anterior thecal sac. Mild canal stenosis was present at this level. The patient was reported not to have improved with physical therapy injections or medications and a C5-6 and C6-7 anterior cervical discectomy and fusion was recommended in 07/11. The patient was followed post-operatively following his 08/12 lumbar fusion. The most recent clinical record on 02/27/13 stated that the patient continued to have severe disc pathology in the cervical spine with myeloradiculopathy. The patient was reported to have positive

Lhermitte phenomenon with range of motion of the cervical spine. There was also bilateral Babinski response and several beats of clonus noted on exam. The requested C5-6 and C6-7 anterior cervical discectomy and fusion was denied by utilization review on 03/07/13 as there was no documentation that all pain generators had been addressed and that the patient did not improve with conservative treatment including anti-inflammatories or muscle relaxers. There was also a lack of psychosocial screening regarding compatible issues. The request was again denied by utilization review on 03/15/13 as there was no updated detailed neurological assessment including electrodiagnostic studies or repeat imaging studies.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for multiple complaints including chronic neck and upper extremity pain with associated numbness and tingling. It is noted that the patient was previously recommended for a two level anterior cervical discectomy and fusion in 2011 however, this was not approved. The most recent evaluations have clearly shown the presence of cervical myelopathy as there is positive Babinski response clonus and positive Lhermitte signs. In review of the CT myelogram from 2011, there was evidence of extensive spondylosis at C5-6 with degenerative disc disease at C6-7. It is reasonable to expect that this and these degenerative findings at C5-6 and C6-7 have only worsened over time. This is clearly evident by the myeloradiculopathic findings on physical examination. At this time, no further conservative treatment would reasonably result in a positive clinical outcome. The patient already has developed significant neurological damage to what is expected to be severe degenerative disc disease and cord compression at C5-6 and C6-7. Given the red flag findings on the most recent physical examination it is the opinion of this reviewer that the requested inpatient one day anterior cervical discectomy with fusion and plating at C5-6, C6-7 is reasonable and medically appropriate at this time and the prior denials are overturned.

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)