

True Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Aug/30/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Revision of C6/7 Anterior Cervical Decompression and Fusion and Removal of Hardware

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

Board Certified Orthopedic Surgeon

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

MRI of the right shoulder dated 01/19/06

MRI of the right shoulder dated 11/12/09

MRI of the cervical spine dated 11/12/09

MRI of the cervical spine dated 05/10/10

X-rays of the right shoulder dated 01/16/06

Chest x-ray dated 06/21/10

Clinical notes dated 12/09/09, 01/20/10, 05/11/10, & 05/26/10

Clinical note dated 06/16/10

CT scan of the cervical spine dated 06/03/10

Operative report dated 07/27/10

Radiology report dated 07/27/10

Clinical notes dated 09/10/10 & 11/03/10

X-rays of the cervical spine dated 09/10/10 & 11/03/10

Clinical notes dated 04/26/13 & 05/15/13

Radiology report dated 07/11/13

Clinical note dated 07/17/13

Undated letter of appeal

Adverse determinations dated 07/29/13 & 08/22/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury regarding his cervical region. The operative

report dated 07/27/10 details the patient undergoing an anterior cervical decompression at C5-6 and C6-7 with a partial C6 corpectomy. Placement of an anterior plate fixation was also noted at C5 through C7. The x-rays of the cervical spine dated 09/10/10 revealed a stable alignment of the C5 through C7 fusion. The clinical note dated 09/10/10 details the patient having no complaints of pain. The incisions were noted to be well-healed with no signs of infection. The clinical note dated 11/03/10 details the patient continuing to do well following the operative procedure. The x-rays dated 11/03/10 revealed stable alignment. The clinical note dated 04/26/13 details the patient presenting with severe levels of cervical pain. The pain was strictly located within the cervical region. The patient stated the injury occurred when he was involved in a motor vehicle accident when he was hit from behind. Upon exam, the patient was able to demonstrate 55 degrees of cervical extension and 45 degrees of flexion. No reflex deficits or strength deficits were noted at that time. The clinical note dated 05/15/13 details the patient continuing with cervical region pain. The note does detail the patient utilizing Mobic for ongoing pain relief. Mild restrictions continued with range of motion throughout the cervical region. The radiology report dated 07/11/13 revealed no evidence of acute fracture or subluxation throughout the cervical spine. The pedicle screws were noted to be fractured bilaterally at the C7 level. A cervical disc protrusion was noted at C3-4. The clinical note dated 07/17/13 details the patient continuing with daily cervical pain. The patient described the pain as an aching, discomforting sensation with tingling.

The utilization review dated 07/29/13 resulted in a denial for an anterior cervical decompression and fusion with hardware removal at C6-7 as no information was submitted regarding the patient's completion of any conservative treatments. Additionally, no neurologic deficits were noted upon clinical exam. No documentation was in place supporting a failure of the previous fusion.

The previous utilization review dated 08/22/13 resulted in a denial for an ACDF at C6-7 along with a hardware removal as no imaging studies were submitted confirming the patient's fusion failure. Additionally, no motor or reflex deficits were noted in the appropriate distributions. Additionally, no information had been made available regarding the patient's broken hardware or persistent complaints of pain at the implanted hardware site.

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

The documentation submitted for review elaborates the patient complaining of cervical region pain. An anterior cervical decompression and fusion would be indicated provided the patient meets specific criteria to include completion of all conservative measures and significant clinical findings indicate motor or reflex changes in the appropriate distribution and imaging studies confirm the patient's pathology. No information was submitted regarding the patient's recent completion of any conservative measures addressing the cervical complaints. Additionally, the patient is noted to have 5/5 strength throughout the upper extremities with no reflex deficits. Furthermore, the submitted imaging studies do not specifically confirm the patient's significant pathology at the C6-7 level. The imaging studies do mention a mild gap in the screw fragments on the right. However, no information was submitted regarding the patient's specific complaints of pain or the hardware currently broken. Given that no information was submitted regarding the patient's significant clinical findings in the appropriate distributions and taking into account that no imaging studies were submitted confirming the patient's pathology as well as the lack of information regarding the patient's completion of any conservative measures, the request for an anterior cervical decompression and fusion is not supported. Furthermore, no information was submitted regarding the patient's broken hardware or specific complaints of pain at the implanted hardware site. Therefore, this request does not meet the necessary criteria for the proposed surgical intervention. As such, it is the opinion of the reviewer that the request for a revision of the C6-7 anterior cervical decompression and fusion and hardware removal is not recommended as 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)