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An Independent Review Organization

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Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

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)

Description of the service or services in dispute:

Inpatient 1 day LOS; C4-5, C5-6 & C6-7 ACDF with Anterior Titanium Plating & Tricortical Allograft

Patient Clinical History (Summary)

The patient is a male who sustained an injury on xx/xx/xx. The patient developed complaints of neck, back, and shoulder pain. The patient described continuing pain radiating through the left upper extremity on a C6 distribution. The patient did have previous recommendations for right shoulder surgery. Prior conservative treatment has included an epidural steroid injection completed on 06/23/14 as well as medications to include anti-inflammatories and oral steroids. Temporary improvement only was obtained with medications and injections. Further epidural steroid injections could not be approved through insurance. The patient did have MRI studies of the cervical spine completed 08/05/13 which noted a normal cord signal in all cervical levels. There were disc osteophyte complex noted at multiple levels from C3 to T1. At C4-5, there was a disc osteophyte complex contributing to moderate canal stenosis with contact of the surface of the spinal cord with indentation. There was moderate to severe left and mild right facet joint hypertrophy with foraminal stenosis. There was impingement of the exiting left C4 nerve root. At C4-5, there was a disc osteophyte complex measuring 2-3mm contributing to mild canal stenosis as well as mild facet joint hypertrophy with foraminal stenosis. At C5-6, there was a disc osteophyte complex noted superimposed over a disc protrusion measuring 3mm with facet hypertrophy contributing to foraminal stenosis without canal stenosis. At C6-7, there was a 3mm disc osteophyte complex with mild facet joint hypertrophy contributing to foraminal stenosis without canal stenosis. Electrodiagnostic studies from 04/17/14 noted evidence of a right C5 and left C6 radiculopathy. As of 11/06/14, the patient continued to have complaints of neck pain radiating to the bilateral upper extremities. No updated physical exam findings were reported. The patient was felt to have crossover findings for a left C6 radiculopathy as well as right-sided C5 radiculopathy. The patient was recommended for a 3 level anterior cervical discectomy and fusion due to the failure of conservative treatment including physical therapy, anti-inflammatories, and epidural steroid injections. The requested 3 level anterior cervical discectomy and fusion was denied on 08/22/14 as there was no indication of progressive neurological deficit or documentation regarding response to epidural steroid injections. The request was again denied on 10/29/14 as there were still unclear objective findings for cervical radiculopathy.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient has been followed for chronic complaints of neck pain radiating to the upper extremities. The patient has failed prior conservative treatment to include physical therapy, use of medication as well as one epidural steroid injection. The patient's imaging studies for the cervical spine are more than one year old noting multi-level pathology most severe at C3-4 where there was evidence of impingement of the left C4 nerve root. No clear nerve root involvement or compression was identified at any other cervical level. The clinical findings available for review did not correlate with electrodiagnostic evidence of a right C5 and left C6 radiculopathy. The last evaluation did not include a specific physical exam noting any neurological deficits consistent with a multi-level radiculopathy. Given the outdated imaging insufficient objective findings from the recent evaluation or any correlating findings between diagnostic studies and physical exam it is this reviewer's opinion that medical necessity is not established per guideline recommendations. Therefore, the prior denials remain upheld for the surgical request. As the surgical request for the patient was not felt to be medically indicated, it is this reviewer's opinion that the one day length of stay is also not medically necessary at this time.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and 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 and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)