

US Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Apr/14/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: ACDF/AISF C4-C7 with 2 day inpatient hospitalization

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., 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 this reviewer's opinion that medical necessity is established for the requested ACDF/AISF C4-C7 with 2 day inpatient hospitalization.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who sustained an injury on xx/xx/xx. The patient is reported to have sustained a fracture of the jaw and developed complaints of pain in the neck with upper extremity radiating pain and associated numbness and tingling. MRI studies of the cervical spine from 09/18/12 noted moderate to severe loss of the disc heights at C4 to C7. There were disc protrusions noted posteriorly at C4-5, C5-6, and C6-7. There was a congenitally small canal present with evidence of mild to moderate central canal stenosis at C4-5 and more severe canal stenosis at C5-6 and at C6-7. Cord signal did appear normal and there was a moderate to severe amount of foraminal stenosis noted from C4 to C7. The patient is noted to have had recent epidural steroid injections at C5-6 and at C6-7. Per report from 01/21/14, the patient was reported to have mechanical instability from C4 to C7; however, no independent radiology reports were available for review. On physical examination, Spurling's sign was reported as positive to the right. Reflexes were described as hypoactive in the upper extremities. Hoffman's and Lhermitte's signs were negative. There was paresthesia reported in a right C6 and C7 nerve root distribution. The patient was seen for a psychological evaluation on 02/10/14. There were minimal risk factors noted for surgical intervention.

The requested C4 to C7 anterior cervical discectomy and fusion was denied by utilization review as there were 2 submitted codes duplicating services.

The request was again denied by utilization review on 03/17/14 as there were codes submitted that were not considered appropriate for the proposed surgical procedures.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient does present with ongoing

complaints of pain in the cervical spine radiating to the upper extremities. The requested services are for anterior cervical discectomy and fusion from C4 to C7. Imaging studies do show rather severe spondylitic change from C4 to C7 with multiple disc protrusions noted contributing to moderate canal stenosis at C4-5 and moderate to severe canal stenosis at C5-6 and at C6-7. There was also evidence of severe foraminal stenosis noted at these levels. Based on the patient's most recent physical examination findings, there were positive Spurling's signs with motor weakness in the upper extremities as well as sensory loss in a C6 and C7 nerve root distribution. The patient did not improve with recent epidural steroid injections and given the severity of the imaging findings from September of 2012, it is highly unlikely that the patient would have any further response to conservative treatment. From the clinical documentation, the patient has failed a substantial amount of conservative treatment to date. The patient does have clearance for surgical intervention from a psychological perspective and given the patient's physical examination findings, there are indications for surgical intervention in this case. Therefore, it is this reviewer's opinion that medical necessity is established for the requested ACDF/AISF C4-C7 with 2 day inpatient hospitalization. The requested 2 day inpatient stay would be appropriate given the extent of the surgical procedures requested and would be appropriate for postoperative evaluation of any complications to include infection as well as neurological compromise. As such, the prior denials are overturned at this point in time.

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)