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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Dec/27/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: one (1) day inpatient stay for anterior cervical discectomy and fusion with instrumentation (ACDIF) at C5/6

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 the clinical documentation does not meet guideline recommendations for the requested one (1) day inpatient stay for anterior cervical discectomy and fusion with instrumentation (ACDIF) at C5/6 and the prior denials are upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical report dated 12/08/11
Clinical report dated 05/31/12
Clinical report dated 09/06/12
Clinical report dated 09/24/13
Clinical report dated 08/01/13
Clinical report dated 08/13/13
MRI of the cervical spine dated 08/29/13
Clinical report dated 09/24/13
Utilization review reports dated 10/11/13 & 11/07/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who sustained an injury on xx/xx/xx when he was involved in a motor vehicle accident. The patient was followed for complaints of neck pain without radiating pain to the upper extremities. Treatment has included the use of physical therapy as well as muscle relaxers. The patient did have a prior left shoulder rotator cuff repair. Anti-inflammatories were started in December of 2011 and the patient was recommended for epidural steroid injections. It is noted that the patient was placed at maximum medical improvement by January of 2013 with a 5% impairment rating. Follow up on 08/01/13 stated that the patient continued to have neck pain radiating to the right upper extremity. Physical examination demonstrated tenderness to palpation in the cervical paraspinal musculature. No neurological findings were identified. The patient was seen on 08/13/13 with continuing complaints of neck pain radiating to the right upper extremity. The patient was utilizing over the counter anti-inflammatories at this visit as well as Ultram and Flexeril. Physical examination demonstrated continued paraspinal spasms in

the cervical spine. Reflexes in the upper extremities were 2+ and symmetric. Hoffman's sign was negative. No motor weakness was identified; however, there was decreased sensation in the right ring finger. MRI studies of the cervical spine completed on 08/29/13 demonstrated a small mixed disc protrusion at C5-6 less than 2mm with mild spondylosis. No foraminal stenosis was identified and there was mild foraminal narrowing noted more prominent to the right. Follow up on 09/24/13 identified decreased sensation in the right thumb on physical examination.

The anterior cervical discectomy and fusion with a 1 day inpatient stay was denied by utilization review on 10/11/13 as there was no discrete disc herniation or impingement noted at C5-6.

The request was again denied by utilization review on 11/07/13 as there was no consistent neurological deficit and no substantial nerve root compromise noted on imaging. No supportive diagnostic studies such as electrodiagnostic studies were available for review.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for a history of neck pain with more recent symptoms of radiating pain in the right upper extremity. MRI studies from August of 2013 showed a small disc protrusion at C5-6 measuring 2mm contributing to some foraminal stenosis, more significant to the right side. The patient's physical examination findings have not been consistent. There were findings of altered sensation in the right ring finger, then the right thumb. There was reported loss of the reflexes in the right upper extremity; however, this was a new finding and not noted in any of the patient's prior physical examination findings. Given the minimal findings on MRI and without further supportive diagnostic studies such as electrodiagnostics, there is insufficient evidence regarding an ongoing cervical radiculopathy to support a single level fusion at C5-6. Given that the surgical indication for this patient is not present, a 1 day inpatient stay would not be needed at this point in time. Overall, it is this reviewer's opinion that the clinical documentation does not meet guideline recommendations for the requested one (1) day inpatient stay for anterior cervical discectomy and fusion with instrumentation (ACDIF) at C5/6 and the prior denials are upheld.

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)