

# Applied Assessments LLC

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

July 9, 2014

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical disc arthroplasty at C4-5 and C5-6

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

Board Certified Orthopedic 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.**

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

#### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury to her cervical region. The clinical note dated xxxxxx indicates the patient complaining of numbness, tingling, and weakness in the upper extremities, left greater than right. There is an indication that the patient underwent a right sided C6 selective nerve root block on 07/24/12 resulting in no significant benefit. The note indicates the patient utilizing Norco and Zanaflex for pain relief. Upon exam, paresthesia was identified in the C6 and C7 dermatomes bilaterally. The patient was able to demonstrate 30 degrees of cervical flexion and 35 degrees of hyperextension. The clinical note dated 07/16/13 indicates the patient continuing with cervical complaints. The patient was continuing with the use of Norco and Zanaflex. The clinical note dated 10/11/13 indicates the patient continuing with subjective complaints of weakness, numbness, and tingling that were intermittent in nature. The note does indicate the patient having undergone non-surgical management to include physical therapy as well as multiple injections. The clinical note dated 01/16/14 indicates the patient continuing with neck and upper extremity pain. There is an indication the patient had requested a disc arthroplasty at that time. However, the patient was deemed to not be a good candidate. The clinical note dated 03/04/14 indicates the patient continuing with the use of Norco and Zanaflex. No significant changes were identified in the patient's clinical presentation. The clinical note dated 04/11/14 indicates the patient continuing with ongoing neck and bilateral arm pain. The radiology report dated 04/25/14 revealed mild degenerative disc changes at C5-6 and C6-7. The clinical note dated 04/29/14 indicates the patient utilizing compounded Hydrocodone as well as Zanaflex for pain relief.

The MRI of the cervical spine dated 05/06/14 revealed bilateral foraminal disc protrusions measuring 3mm producing mild to moderate bilateral neuroforaminal stenosis touching the bilateral C4 nerve roots. A broad based central disc protrusion was also identified at C5-6 measuring 2.5mm and producing mild central canal stenosis and mild stenosis in the bilateral lateral recesses. A left sided foraminal disc protrusion was identified measuring 4mm and producing severe left neuroforaminal stenosis and impinging on the left C6 nerve root. The clinical note dated 05/06/14 indicates the patient continuing with complaints of numbness and tingling in both upper extremities. The patient was being recommended for a surgical intervention at that time. The recommendation was for a Modic-C disc at the C4-5 and C5-6 levels.

The utilization review dated 05/12/14 resulted in a denial as no information had been submitted confirming the patient's neurologic deficits in the appropriate distributions.

The utilization review dated 06/02/14 resulted in a denial as no neurologic deficits had been identified in the upper extremities.

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

The documentation indicates the patient complaining of ongoing cervical region pain. Artificial disc replacements are indicated in the cervical region provided the patient meets specific criteria to include clinical exam confirming the patient's neurologic deficits. No information was submitted regarding the patient's strength, sensation, or reflex changes in the C4, C5, or C6 distributions. Additionally, there is an indication of severe left sided neuroforaminal stenosis at the C5-6 level. However, the MRI revealed only mild to moderate bilateral neuroforaminal stenosis at the C4-5 level with no impingement of the C4 nerve roots. Given these findings, the requested artificial disc replacement at the C4-5 and C5-6 levels is not fully indicated for this patient at this time.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**