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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jun/18/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: inpatient hospital length of stay (LOS), one (1) day, following anterior cervical discectomy and fusion at C3-4, 4-5, 5-6 with placement of anterior cervical plate

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., 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 the opinion of this reviewer that the inpatient hospital length of stay (LOS), one (1) day, following anterior cervical discectomy and fusion at C3-4, 4-5, 5-6 with placement of anterior cervical plate is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who sustained an injury on xx/xx/xx. The patient developed acute onset of neck pain radiating to the left upper extremity and associated weakness. MRI of the cervical spine from 05/31/13 noted a 4mm disc protrusion at C3-4 impinging the thecal sac and exiting left C4 nerve root. There was severe left neural foraminal stenosis and lateral recess stenosis at this level. At C4-5 there was a 4mm right paracentral and neural foraminal disc protrusion impinging the thecal sac and proximal right C5 nerve root. There was moderate right neural foraminal and lateral recess stenosis at this level. At C5-6 there was a 5mm disc protrusion impinging the thecal sac and anterior surface of the cervical cord and proximal C6 nerve root. Radiographs of the cervical spine from 02/12/14 noted substantial amount of degenerative disc disease at C5-6 and C6-7. Conservative treatment included medications physical therapy through 04/14 and one epidural steroid injection with limited response. The most recent evaluation on 03/24/14 noted persistent severe neck pain in the cervical spine with associated left upper extremity weakness. The patient was not a smoker. On physical examination there was mild weakness at the deltoid biceps and wrist extensors to the right. The patient had minimal difficulty with heel and toe walking. Spurling sign was positive to the right side and there was hypoesthesia from C4 to C6 distribution in the right up in the upper extremities. The patient was recommended for C3 through C6 anterior cervical discectomy and fusion with cervical plating and a one day length of stay. These requests were denied by utilization review on 04/16/14 as the physical examination findings were not concordant with imaging. The requests were again denied by utilization review on 05/23/14 as there were limited

physical examination findings that were not consistent with any of the noted imaging findings.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient presented with continuing persistent complaints of severe neck pain radiating to the right upper extremity left upper extremity with associated weakness. The patient had not improved with conservative treatment including medications physical therapy or epidural steroid injections. In review of the imaging studies from 05/31/13 there was evidence for severe left neural foraminal stenosis at C3-4 due to disc protrusion evidence of right sided neural foraminal stenosis and right C5 nerve root impingement at C4-5 and cord contact at C5-6 with compression of the proximal C6 nerve roots. Physical examination findings noted mild weakness at the deltoid biceps and wrist extensors with sensory loss in the appropriate dermatomal distributions. Given the objective findings consistent with an early myeloradiculopathy secondary to cord contact and neural foraminal stenosis that is fairly severe based on the 05/31/13 MRI and failure of conservative treatment it is highly unlikely that the patient would improve with further conservative treatment. Clinical documentation meets guideline recommendations regarding proposed surgical procedures. The proposed anterior cervical discectomy and fusion from C3 to C6 with anterior cervical plating would be medically necessary. As the surgical request is appropriate a one day length of stay would be consistent with guideline recommendations for post-operative monitoring regarding possible complications. It is the opinion of this reviewer that the inpatient hospital length of stay (LOS), one (1) day, following anterior cervical discectomy and fusion at C3-4, 4-5, 5-6 with placement of anterior cervical plate is medically necessary. As such the prior denials are overturned.

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)