

DATE: 03.19.14

Notice of Independent Review

DATE NOTICE SENT TO ALL PARTIES: 03.19.14

IRO CASE #:

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

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering cervical pain and post anterior cervical discectomy and fusion at C5-C6 and C6-C7

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical CT scan

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- X** Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
723.1	72125		Prosp.				Xx/xx/xx		Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a female who suffered an injury to her cervical spine on xx/xx/xx. She suffered injury to the cervical spine and the lumbar spine. The symptoms of lumbar pain gradually resolved over time. The symptoms of cervical pain and right arm radiation with neurological deficits persisted. On 01/03/13, the claimant underwent an anterior cervical discectomy and fusion at levels C5-C6 and C6-C7. She has resolved persistent postoperative pain and is only minimally painful at this time. She has resolved postoperative neurological deficits and has no neurological deficits persisting. Repeated cervical spine x-rays have demonstrated increased formation of bone, satisfying the definition of fusion of the cervical spine at two levels; C5-C6 and C6-C7. A request has been submitted to utilize a CT scan of the cervical spine in an effort to further confirm fusion of the cervical spine. The request was considered; it was denied, and reconsidered and denied.

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

The claimant has had a clinical course which has included gradual resolution of postoperative pain. She has some discomfort in the right deltoid region, and gradual resolution of postoperative neurologic deficits. Her neurologic evaluation at this time is reportedly negative. Two views of the cervical spine have repeatedly demonstrated fusion of the cervical spine at operated levels of C5-C6 and C6-C7. There does not appear to be any indication for a repeat CT scan at this time. The prior denials of the request to provide a CT scan of the cervical spine were appropriate and should be upheld.



INDEPENDENT REVIEW INCORPORATED

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

- ACOEM-American 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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)