

# Applied Resolutions LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Feb/27/2014

**IRO CASE #:**

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

Cervical C5 to C7 anterior decompression discectomy fusion with a three day inpatient stay

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

Board Certified Neurosurgeon

**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:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Unsigned clinical record 05/15/12  
Unsigned clinical record 06/05/12  
Clinical record 11/15/12  
Electrodiagnostic studies 07/24/12  
MRI cervical spine 01/11/12  
Electrodiagnostic studies 02/15/13  
Neurodiagnostic test interpretation 02/15/13  
MRI cervical spine 08/21/13  
Clinical record 03/19/13  
Clinical record 04/16/13  
Clinical record 07/11/13  
Clinical record 10/22/13  
Clinical record 01/09/14  
Utilization review reports 11/07/13-02/05/14  
Prospective IRO review response 02/07/14

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained an injury on xx/xx/xx. The patient indicated a whiplash injury to the cervical spine. Prior conservative treatment included medications such as gabapentin Tizanidine and tramadol. There were initial recommendations for epidural steroid injections in 11/12. MRI of the cervical spine form 01/11/12 identified disc protrusions at C5-6

and C6-7 impinging the anterior thecal sac without neural foraminal stenosis. Electrodiagnostic studies from 07/24/12 and on 02/15/13 reported no evidence of cervical radiculopathy. Updated MRI of the cervical spine from 08/21/13 again showed disc protrusions at C5-6 and C6-7 without substantial canal or neural foraminal stenosis. The patient continued to report severe pain in the cervical spine radiating to the upper extremities with associated burning sensation. The most recent medications included amitriptyline, Voltaren gel, muscle relaxers, Neurontin, and tramadol. The most recent physical examination from 01/09/14 demonstrated sensation in the upper extremities. No specific dermatomal distribution was noted. There was global weakness in the upper extremities. Reflexes were 2+ and symmetric in the upper extremities. The request for cervical fusion from C5 to C7 with a three day inpatient stay and discectomy and decompression was denied by utilization review on 01/22/14 as there was no evidence of radiculopathy on physical examination that correlated with MRI findings. The request was again denied by utilization review on 02/05/14 due to the lack of evidence regarding motor weakness or other evidence of radiculopathy.

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

The patient has been followed for continuing neck pain radiating to the upper extremities. Based on review of the objective testing to date there was no evidence of any canal or neural foraminal stenosis at C5-6 or C6-7 and electrodiagnostic studies have remained negative for evidence of cervical radiculopathy. Physical examination findings did not identify any clear objective evidence of C5 to C7 radiculopathy that would reasonably support surgical intervention. Given the absence of any clear neurocompressive findings on imaging evidence of radiculopathy on electrodiagnostic studies and due to the insufficient findings on physical examination; it is the opinion of this reviewer that medical necessity in this case has not been established and the prior denials are upheld.

**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**