

# Independent Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Sept/12/2014

### IRO CASE #:

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

Anterior cervical discectomy and fusion at C3-4, C4-5, and C5-6 with a 1 day inpatient stay and anterior cervical plating.

### 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.**

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx and has been followed for complaints of neck pain radiating to the right upper extremity with associated numbness and tingling. The patient's treatment to date has included multiple medications including antidepressants, muscle relaxers, and narcotic analgesics. The patient did attend a period of physical therapy through April of 2014 and underwent 2 epidural steroid injections with limited improvement. MRI studies of the cervical spine from 04/04/14 noted a disc osteophyte complex at C3-4 contributing to moderate right foraminal stenosis. No left sided findings or central canal stenosis was identified. There was a small disc protrusion at C4-5 causing mild right foraminal stenosis. At C5-6, there was mild spondylitic change with 1.5mm of retrolisthesis and a 2mm disc protrusion contributing to moderate right and mild left foraminal stenosis. Radiographs of the cervical spine from 05/01/14 noted mild degenerative disc disease at C5-6 with end plate changes noted. There was mild anterior wedging of the C4 vertebral body. No instability was noted. The report on 06/26/14 noted no neurological deficits. The patient was seen on 07/25/14. Based on his report, the patient had mild weakness in the deltoid, biceps, brachia, and wrist extensor musculature in the right upper extremity. Spurling's sign was positive, right side worse than left and there was hypoesthesia in a C4 through C6 distribution to the right side.

The requested anterior cervical discectomy and fusion from C3 to C6 with anterior plating and a 1 day inpatient stay was denied by utilization review on 08/12/14 as there was no evidence of nerve root involvement or segmental instability.

The request was again denied by utilization review on 08/22/14 as imaging did not clearly identify nerve root involvement or segmental instability. There were no electrodiagnostic reports identifying evidence of radiculopathy to support the request.

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

The patient has been followed for continuing complaints of neck pain radiating to the right upper extremity despite conservative treatment to include medications, physical therapy, and epidural steroid injections. MRI studies of the cervical spine did note small disc osteophyte complexes from C3 to C6 contributing to some foraminal stenosis to the right, most significant at C5-6. There is noted inconsistency in the patient's physical examination findings as identified no neurological deficit in the upper extremities. physical examination findings noted weakness in the right upper extremity with sensory loss and a positive Spurling's sign. Given the lack of any clear nerve root involvement at any cervical level on MRI and no evidence of instability on radiographs, further diagnostic testing would be needed in order to support the proposed procedures. No electrodiagnostic studies or further CT myelogram studies of the cervical spine were available for review noting clear evidence of radiculopathy at multiple levels that would require such an extensive procedure as requested. Therefore, it is this reviewer's opinion that the surgical request as well as the cervical plating and 1 day inpatient stay is not medically necessary 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)