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Notice of Independent Review Decision

Date notice sent to all parties:

August 12, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Appeal X-Ray of Cervical Spine 72040

**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:

Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male with an extensive history of cervical region pain. The operative note dated 02/28/13 indicates the patient undergoing a C5-6 ACDF. The clinical note dated 06/10/13 indicates the patient having undergone an anterior cervical discectomy and fusion at C5-6 with placement of an anterior cervical plate on 02/28/13. The patient presented at that time for a follow up. The patient did describe muscle spasms with intermittent tingling in the left upper extremity at that time. The patient rated the ongoing pain as 5/10. The patient reported a worsening level of pain with prolonged sitting and standing. The therapy note dated 06/11/13 indicates the patient having completed 25 physical therapy sessions to date. The clinical note dated 05/05/15 indicates the patient having no new trauma, falls, or accidents. The patient reported recurrent preoperative symptomology including neck pain with radiation of pain into the left upper extremity along the lateral region

and into the first 2 fingers of the left hand. The patient also reported numbness and tingling in a similar distribution. The patient also described difficulty swallowing. The patient rated the pain as 7/10 at that time. Upon exam, range of motion restrictions were identified with lateral rotation secondary to pain and muscle spasms. 4/5 strength was identified at the triceps on the left. Hypoesthesia was identified over the C5 and C7 distributions on the left. The surgical incision was identified as well-healed. The note indicates the patient being recommended for flexion and extension radiograph studies.

Previous utilization reviews dated 06/17/15 and 07/20/15 resulted in denials as insufficient information had been submitted confirming the need for radiograph studies of the cervical region.

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 despite a previous surgical intervention. The most recent imaging studies appear to be from 2013. The more recent clinical notes indicate the patient showing significant findings of radiculopathy in the left upper extremity to include numbness and tingling at the fingers as well as radiating pain along the lateral region of the left upper extremity. There is an indication the patient had undergone an ACDF in 2013. Given the ongoing findings consistent with radiculopathy to include the loss of sensation in the left upper extremity specifically at the C5 to C7 levels and taking into account the patient's past surgical history involving an ACDF, radiograph studies of the cervical spine would be reasonable in order to assess the patient's current status of the previous fusion. Therefore, the request is recommended for certification. As such, it is the opinion of this reviewer that the request for x-rays of the cervical spine is recommended as medically necessary.

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

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Radiography (x-rays)

Indications for imaging -- X-rays (AP, lateral, etc.):

- Cervical spine trauma, unconscious
- Cervical spine trauma, impaired sensorium (including alcohol and/or drugs)
- Cervical spine trauma, multiple trauma and/or impaired sensorium

- Cervical spine trauma (a serious bodily injury), neck pain, no neurological deficit
- Cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet
- Cervical spine trauma, alert, cervical tenderness
- Chronic neck pain (= after 3 months conservative treatment), patient younger than 40, no history of trauma, first study
- Chronic neck pain, patient younger than 40, history of remote trauma, first study
- Chronic neck pain, patient older than 40, no history of trauma, first study
- Chronic neck pain, patient older than 40, history of remote trauma, first study
- Chronic neck pain, patients of any age, history of previous malignancy, first study
- Chronic neck pain, patients of any age, history of previous remote neck surgery, first study
- Post-surgery: evaluate status of fusion