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True Resolutions Inc.
Notice of Independent Review Decision

Case Number:

Date of Notice: 01/26/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery And Spine Surgery

Description of the service or services in dispute:

Cervical C5-6 ACDF with one day inpatient stay

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)

Patient Clinical History (Summary)

This patient is a female with complaints of neck and upper back pain. Her surgical history includes a right shoulder surgery. X-rays of the cervical spine provided for review from xxxx showed mild loss of intervertebral disc space with calcification of the anterior longitudinal spinal ligament noted and posterior facet hypertrophy prominent at the C5-6 with spondylosis noted of the mid to lower cervical spine with posterior facet hypertrophy, most prominent at the C5-6 bilaterally. The patient has also undergone an MRI of the cervical spine, dated xxxx, which revealed C5-6 changes with mild asymmetry and spondylosis as well as a disc protrusion toward the right side with the C6 nerve root being noted as more narrowed than the left. The most recent evaluation on xxxxx shows the patient had presented for a followup evaluation of her work related injury. Medications at the time included atorvastatin, gabapentin, and tramadol. Upon physical examination, neck flexion, extension, and lateral tilt as well as neck twist were decreased on range of motion testing. Grip strength was weak and she was beginning to drop items with her left hand, noted subjectively. Sensation of the upper extremities was normal and her musculoskeletal evaluation showed limitations with range of motion on flexion, extension, abduction, and adduction of the right shoulder. She was diagnosed with radiculopathy of the cervical region and a sprain of the joints and ligaments of unspecified parts of the neck. This request is regarding the medical necessity of a cervical C5-6 ACDF with 1 day inpatient stay.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The recommended cervical ACDF with 1 day inpatient stay is not supported. The Official Disability Guidelines recommendations support the performance of discectomy and laminectomy procedures if there is radiographically demonstrated abnormality to support clinical findings consistent with either progression of

myelopathy or focal motor deficit, intractable radicular pain, and spinal instability after the failure of recommended conservative therapy. Hospital length of stay is supported at 1 day. While the requested inpatient stay is within guideline recommendations, the proposed ACDF procedure is not supported by the documentation provided. It is unclear at this time whether the patient has undergone conservative treatment other than medications toward her neck and upper back symptoms to support the medical necessity of the surgical intervention. The documentation provided is not specific as to whether the patient has undergone any physical therapy toward the neck and upper back or injections. No significant exceptional factors were evident within the report to support foregoing recommended forms of conservative treatment. Therefore, at this time, the request is not in accordance with the evidence based guidelines. As such, the request is not considered medically necessary and the prior denial should be upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- 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-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)