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DATE OF REVIEW: 07-23-2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior Discectomy, ACDF C4/5, C5/6, C6/7, Peak Cage/Allograft, Anterior Plate, Bone Stimulation

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

Certified by the American Board of Orthopaedic Surgery
General Certificate in Orthopaedic 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)

Injury Date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Service Units	Upheld/ Overturn
xx/xx/xx	Xxxxxxxxxx	Prospective	722.0	63081 63082 22554 22585 21899 22851 20931 22854 20974	1	Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Notification of Determination (05-21-2007 & 05-31-2007)
Physician Orthopedic Reports (08-22-2005 & 10-07-2005)
Physician Orthopedic Reports (01-13-2006 to 12-11-2006)
Physician Orthopedic Reports (01-22-2007 & 05-22-2007)
Patient Referrals (CMT/ROM) (10-07-2005, 12-11-2006, 01-22-2007)
Report (04-04-2006)

History & Physical Note (11-03-2005, 10-16-2006, 04-04-2006)
MRI lumbar Spine (09-30-2005)
MRI Cervical Spine (09-30-2005)
X-Ray Lumbar & Cervical (08-22-2005)
X-Ray Lumbar (10-16-2006 & 05-09-2007)
CT Cervical Discogram (01-10-2007)
Operative / Pathology / Intraoperative Neurophysiology Monitoring Reports
(10-04-2006)
Operative Reports (04-05-2006 & 06-07-2006)
Operative Report (01-10-2007)
Telephone Conference (08-14-2006, 10-23-2006)
Notice of Independent Review Determination (02-20-2006)
Request for Independent Review (07-03-2007)
Supporting literature

PATIENT CLINICAL HISTORY [SUMMARY]:

On xx/xx/xx, the injured worker injured his cervical spine at work when he fell, striking his head. His treatment has included physical therapy and multiple injections. MRI of the cervical spine on 09-30-2005 showed evidence of degenerative disc/joint disease at the C4-5, C5-6, and C6-7. MRI study of the lumbosacral spine on the same date showed a central disc bulge at the L5-S1 level as well as degenerative changes at the L2-3 level. The injured worker continues to complain of cervical pain. The request for above procedures was non-certified – apparently does not meet medical necessity guidelines.

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

In the opinion of the Reviewer, the requested surgery is indicated and should be authorized for this injured worker who has failed over 2 years of conservative treatment / management for cervical spine injury. This is consistent with ODG-TWC Guidelines for Fusion, anterior cervical. The guideline states, “Cervical fusion for degenerative disease resulting in axial neck pain and no radiculopathy remains controversial and conservative therapy remains the choice if there is no evidence of instability.” The injured worker’s instability is clearly an indication for the proposed surgery. The injured worker clearly has clinical evidence of combination instability / facet arthrosis syndrome causing the degenerative changes at C4-5, C5-6, and C6-7 levels.

**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 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)