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Notice of Independent Review Decision

DATE OF REVIEW: 07-26-2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior Cervical Discectomy with Fusion C3-C4, C4-C5

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

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

Injury Date	Claim #	Review Type	ICD-9 DSMV	HCPCS, CPT, NDC Codes	Upheld/Overturn
		Prospective	723.4	22554 63082 22830 22852 20936 22585 63081 RC111 22851 20930	Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letter (6-27-2007 & 7-9-2007)
Physician Notes (9-15-2006, 11-15-2006, undated)
Surgery Preauthorization Request Form (faxed 6-15-2007)
Physician Notes (from 12-5-2006 through 7-11-2007)
Operative Report 7-28-2006
Computerized Muscle Testing (CMT) and Range of Motion (ROM) (10-24-2006,
11-15-2006, 12-5-2006, 4-25-2007, 6-13-2007)
CT Cervical Final Report (7-28-2006)
MRI Cervical Radiology Report (5-10-2006)

PATIENT CLINICAL HISTORY:

According to the records provided, the claimant was carrying surgical equipment when he tripped and fell, striking a wall with his head. The MRI study dated 5-10-2006 showed multi-level cervical protrusions. The CT cervical study post-discogram dated 7-28-2006 showed herniations at C5-C6 and C6-C7. The claimant had intradiscal local anesthetic challenge test at C5-C6 on 7-28-2006 after the cervical discograms.

Preoperative physical examination reported cervical radiculitis/radiculalgia and cervical disc herniations at C5-C6 and C6-C7. From the records it was reported that the claimant had cervical fusion at C5-C7 on 9-21-2006. Other treatments have included 6 individual psychotherapy visits and 12 physical therapy sessions. It is also noted that the claimant has reduced his cigarette smoking significantly each month since last visit of 11-15-2006. The claimant had computerized muscle testing and range of motion on several occasions between November 2006 and June 2007 with abnormalities noted.

The claimant continues to complain of severe chronic neck pain, headaches, and left and right arm pain with numbness, weakness, and aching and stabbing symptoms. Physician examination dated 7-11-2007 reported cervical instability, chronic pain, and bilateral cervical radiculopathy. Flexion films cited by the treating physician reportedly showed instability of 1 mm at C4-5 and dramatic 4 mm anterior translation of C3 on C4 and deterioration in exam findings for the claimant.

The claimant's treating physician recommended surgery – anterior cervical discectomy with exploration with fusion at C3-C4, and C4-C5 procedure – in order to stop the continued deterioration of the neurologic symptoms and exam findings.

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

In the opinion of the Reviewer, the claimant has had appropriate workup and conservative therapy, and thus, the requested surgery and hospital stay are indicated and should be authorized. This is consistent with ODG-TWC Neck and Washington State guidelines.

These guidelines state: the claimant has failed conservative management, which calls for 6-8 weeks of physical therapy or medications. The claimant has appropriate sensory symptoms plus motor deficits and reflex changes that correlate with the cervical levels involved. In addition, multiple imaging studies correlate nerve root involvement with subjective and objective findings.

This is consistent with ODG-TWC Guidelines for Surgery – Discectomy / laminectomy. No other etiologies of pain such as metabolic sources, non-structural radiculopathies and/or peripheral sources have been identified.

In the ODG-TWC Guidelines regarding anterior cervical fusion, fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. Evidence is conflicting as to whether autograft or allograft is preferable. The guidelines noted that there was moderate evidence from the Cochrane review that pain relief and return to work were higher in patients with discectomy and fusion. This is the proposed procedure for the claimant.

Finally the Reviewer noted that the claimant's cervical instability requires surgical intervention, which can be inferred from the ODG-TWC guidelines, which cite literature that conservative therapy remains the choice if there is no evidence of instability.

Lumetra's Physician Reviewer has no known conflicts of interest in this case, pursuant to the Insurance Code Article 21.58A (Chapter 4201 effective April 1, 2007), Labor Code § 413.032, and § 12.203 of this title.

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**

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- 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)**