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Medical Dispute Resolution

DATE OF REVIEW:

JULY 31, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior cervical discectomy with fusion C3-4 with a one-day inpatient length of stay

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

Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Peer Reviews, 05/17/07 and 06/18/07
X-ray cervical spine, xx/xx/xx, 11/27/02, 12/02/02 and 03/01/05
MRI cervical spine, xx/xx/xx
Cervical CT / Myelogram, 06/25/04 and 05/04/07
Cervical spine CT scan, 02/28/07 and 05/04/07
Letter from Dr., 04/19/07, 05/10/07 and 05/129/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant underwent an anterior cervical fusion C4-6 in xx/xx/xx followed by a re-exploration the following day for unknown reasons. The claimant continued to have symptomatology with diagnostic studies that showed pathology at the C3-4 level. The claimant was diagnosed with severe chronic mechanical cervical syndrome secondary to post – traumatic disk pathology and cervical radiculopathies. An anterior discectomy and interbody at the C3-4 level was recommended.

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

The Reviewer was asked to determine if anterior cervical discectomy and fusion at C3-4 with a one-day length of stay was medically necessary. This is a very complex case. The patient underwent surgical intervention in xx/xx/xx consisting of a C4 to C5 decompression and fusion followed the following day by re-exploration. The claimant has had severe complaints of pain. The claimant was seen by Dr. on 04/19/07. The claimant continued to have severe chronic mechanical neck pain with shoulder and arm symptoms consisting of numbness, dysesthesias and weakness. Treatment to date has consisted of steroid injections, medication therapy and chiropractic treatment. There was decreased mobility of the cervical spine. Deep tendon reflexes were trace in the upper extremities. The clinical impression was that of severe chronic mechanical cervical syndrome secondary to post traumatic disc pathology with chronic mechanical cervical syndrome and cervical radiculopathy. A CT myelogram was performed on 05/04/07. Findings consisted of a previous fusion from C4 to C6 with no acute hardware complications. There was evidence of an extra dural defect at C3-4. The post CT myelogram demonstrated very minimal ventral cord deformity. The patient returned to Dr. on 05/10/06 with chronic pain going into the lateral neck and trapezial area. Dr. then reviewed the CT myelogram and he felt that there was stenosis at C3-4 with cord compression along with bilateral C4 nerve root compression. Recommendations were for interbody fusion at C3-4. A letter was authored by Dr. 05/29/06 stating that the patient had multi factorial stenosis at C3-4 adjacent to the previous fusion level with cord and root compression.

The claimant has had ongoing symptoms and there is obvious neural impingement at C3-4 noted on the CT and myelogram. The claimant has failed conservative treatment to date that has included injection therapy. Ongoing conservative treatment will not be likely to be of benefit and as such the C3-4 fusion appears to be reasonable. Therefore, the Reviewer's medical assessment is that the request surgery is medically necessary.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Neck and Upper Back: Fusion, anterior cervical

Anterior fusion: Recommended as an option in combination with anterior cervical discectomy for approved indication

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)