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**ENVOY MEDICAL SYSTEMS, LP  
1726 CRICKET HOLLOW DRIVE  
AUSTIN, TX 78758**

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**DECEMBER 5, 2007**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Anterior Fusion – C3-4

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

M.D. Board Certified Neurological Surgeon

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Overturned (Disagree)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Review/Denial Letters – 10/12/07; 10/23/07  
Designated Doctor Evaluation –M.D. – 2/24/04; 9/7/04  
Operative Report – M.D. - 4/16/07  
MRI (Left Shoulder) Report – 3/6/06  
MRI (Cervical Spine) 9/5/03; 10/5/05; 8/29/07  
Cervical Myelogram - 2/20/04; 3/6/07  
CT Cervical Spine - 2/20/04; 3/6/07  
Emergency Scan Report – 7/7/07  
Preliminary Radiology Report – 8/29/07  
X-ray – 2/19/06  
Preliminary Electrodiagnostic Exam Report – 9/22/06  
Radiology Report (CT cervical spine) – 3/6/07  
FCE – M.D. – 11/18/03  
Neurology Notes – D.O.  
Report – M.D. 4/22/04  
Clinical Notes – M.D. – 2/24/05

Outpatient Consultation – M.D. 8/18/05  
Patient History Letter to Ins. – M.D. 5/10/06  
–M.D. – 8/22/06  
Occupational Therapy Initial Evaluation – M.A, OTR  
Assessment Notes – P.A. 8/14/03  
Clinical Notes – 1/23/07 through 7/10/07  
Consultation Notes – M.D. – 9/11/03 through 3/20/06  
ODG Guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a xx year-old male who in xx/xx was injured by a heavy door falling and pulling on his upper extremities. He developed pain in his neck and left shoulder. Conservative measures were unsuccessful in dealing with his trouble, and an MRI suggested that his difficulty of continued neck and upper extremity discomfort was secondary to cervical disc problems at the C6-7 and C5-6 levels. For that, on April 2007, anterior cervical discectomy and fusion was carried out at those levels. The patient did reasonably well following the surgery, with some continued pain. The patient later fell at home in July 2007, which led to increased discomfort. The patient was reevaluated and another MRI and electrodiagnostic testing were suggested. The electrodiagnostic testing showed chronic changes without any specific nerve root evidence, but his MRI suggested C4-5 difficulties for which ACDF is recommended at the level, which is immediately above the two levels of previous fusion. There is some question that a request for C3-4 anterior cervical fusion was made, but the medical notes indicate that the C4-5 level is the one that needs surgery, and for which surgery was requested.

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

I agree with the benefit company's decision to deny an operative procedure at the C3-4 level. The records provided indicate that a procedure was requested at the C4-5 level, and there is surgically correctable pathology at C4-5.

This decision does not diverge from the ODG Guidelines

**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)