

MEDICAL REVIEW OF TEXAS

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DATE OF REVIEW: DECEMBER 19, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

C5 and C6 anterior cervical discectomy and fusion

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

MD, Board certified in Neurosurgery

REVIEW OUTCOME

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

- Upheld (Agree)
- X Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Additional medical records from Medical Review which dictate Dr. two interactions with the patient dated 9/6 and 10/11/07 in which he recommends an anterior cervical discectomy and fusion at C5 and C6. Included also in this is an MRI scan dated 06/06/07 of the cervical spine as well as and MRI scan the same date of the left shoulder.
2. Medical records from SRS which also include Dr. evaluations as well as MRI scans as well as the previous reviewer's rationale for denial. Included also in this packet of information is an EMG dated 7/12/07 which essentially is within normal limits.
3. Company request for IRO. There is also a large packet of information from the Texas Department of Insurance which in short, describes the previous reviewer's evaluations.

4. Behavioral medicine evaluation from Inc. dated 8/30/07 requesting further psychiatric follow up and evaluations.
5. Disability evaluation by Dr.. This appears to be the initial evaluation of the patient dated 4/25/07 and then again on 5/4/07.
6. X-ray of the cervical spine dated 5/29/07 finding reversal of a normal cervical lordosis and decreased disc space. Also on the same day an x-ray of the right shoulder, which is essentially within normal limits.
7. Extensive physical therapy notes dated 6/15 through 11/20 which appear to be from. Included with this are descriptions of multi modality pain management evaluations.
8. Partial notes describing what appears to be two epidural injections in the cervical region.
9. Extensive notes from Dr., D.O. dating from 5/29/07 through 11/16/07.

PATIENT CLINICAL HISTORY [SUMMARY]:

This woman apparently works as a xxxx and on xx/xx/xx she was unloading a truck with a good deal of overhead movement when she felt a great deal of pain in her neck as well as her right shoulder and ultimately down her arm. In addition to this, she started to develop numbness in and across her hand. She was treated with non-steroidal anti-inflammatory agents. She then moved on to physical therapy, which actually exacerbated the situation. She then had two cervical epidural steroid injections and had an MRI scan which found central canal stenosis at C5 and at C6 as well as substantial left sided foraminal narrowing at both of those levels. She was ultimately referred for surgical evaluation and was seen by Dr. who recommended, after a physical exam, a two level anterior cervical discectomy and fusion after failure of conservative management. Up to this point the surgical procedure has been denied.

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

This patient, on physical exam, has root tension signs, sensory abnormalities and motor abnormalities and on an imaging study has on both C5 and C6 level, central and foraminal stenosis. Based upon the *On-line Official Disability Guidelines* as well as the *ACOEM Treatment Guidelines second edition 2004* this patient does fulfill all the requirements for a cervical discectomy and fusion. She has documented focal motor deficits; she has radicular pain in the presence of both clinical abnormalities as well as radiographic abnormalities. She has failed a long course of conservative management; much beyond the six to eight weeks which has been recommended. She has documented sensory symptoms in a cervical distribution that correlates with the involved level. She has an abnormal motor exam despite the fact that her EMG is within normal limits. She has abnormal imaging studies. By all criteria, this patient should be suitable for an anterior cervical discectomy and fusion.

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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- X 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
- X 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)