

IRO Express Inc.

An Independent Review Organization

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DATE OF REVIEW: DECEMBER 11, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Inpatient anterior cervical discectomy with fusion and plating C3-C6 length of stay one day

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

ODG Guidelines

X-ray, 09/14/06

Lumbar spine x-ray, 09/14/06

Office notes, Dr. 09/14/06, 09/21/06, 10/05/06, 10/30/06, 11/27/06, 12/26/06, 03/05/07, 06/19/07, 07/26/07, 09/07/07 and 10/11/07

Lumbar and cervical spine MRI, 04/11/07

X-ray prior to MRI, 06/12/07

Epidural steroid injection noted, 09/04/07

Myelogram CT, 09/04/07

Independent Medical Evaluation, Dr. 09/13/07

Mutual Dr. 10/08/07

Mutual Dr. 10/2/207

HEALTH AND WC NETWORK CERTIFICATION & QA 1/2/2008
IRO Decision/Report Template- WC

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male injured when a 100 pound lid fell on his head. He has been treated for cervical pain and low back pain with a lumbar back fusion and ongoing pain complaints related to that. In 2006 the claimant was seen routinely by Dr. for complaints of neck pain, bilateral shoulder pain into the arms, dysesthesias and numbness. Only one physical examination was provided by Dr. and dated 09/16/06. There was no arm pain with cervical extension and negative Lhermitte's. Strength, sensation and reflexes were normal.

The 04/11/07 MRI of the cervical spine showed a C2-3 disc osteophyte complex with left foraminal narrowing. There was a C3-4 disc osteophyte complex with cord contact and slight ventral effacement of the cord but no signal abnormality and bilateral neural foraminal stenosis. At C4-5 and 5-6 there was a disc osteophyte complex contacting the cord without cord signal abnormality and bilateral neural foraminal narrowing. A C6-7 disc bulge was noted without focal protrusion and there was mild left foraminal narrowing. Treatment consisted of medications and cervical epidural steroid injection on two occasions. Injections were not helpful and a CT myelogram was obtained. The 09/04/07 myelogram and CT showed narrowing of the spinal canal at C3 through 5 most pronounced at C3-4. There was no lateralization. Prominence of the annulus at C3-4 and 4-5 contributed to the narrowing. Degenerative disc disease was seen at C3-4, 4-5 and 5-6 with narrowing of the disc space. The cord was normal size. Dr. requested cervical fusion.

On 09/13/07 Dr. saw the claimant for an IME. On examination the claimant was sighing had had facial grimacing. He was unable to walk on his heels or toes as he was afraid it would hurt his back. He had low back pain when pressure was applied to the occiput. There was pain with neck rotation and diffuse tenderness. There was full power of the shoulders and a good grip and full sensation. The impression was cervical spondylosis without radiculopathy as well as symptom magnification.

Surgery was denied and Dr. appealed noting on 10/11/07 that the claimant had myelopathy. No physical examination was documented. Surgery was again denied and a dispute resolution has been requested.

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

This is a gentleman who was injured. He has been treated for cervical and low back pain. He underwent a lumbar fusion. He has had ongoing complaints of neck as well as bilateral shoulder pain radiating into his arms with associated dysesthesias and numbness. There were no documented neurologic deficits, in fact it was noted that strength, sensation and reflexes were normal. An MRI was obtained of the cervical spine 04/11/07. There was multilevel foraminal narrowing. A CT myelogram was obtained demonstrating evidence of narrowing from C3 to C5, most pronounced at C3-4. This gentleman was seen on 09/13/07 by Dr. for an independent medical evaluation. There are no neurologic deficits. It was felt that he had cervical spondylosis without radiculopathy. It was also noted that he had symptom magnification. After a careful review of all medical records, the Reviewer's medical assessment is that the information reviewed does not supports the medical necessity of this multilevel cervical

decompression as there is no documentation of instability, radicular complaints or neurologic deficits.

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

Recommended as an option in combination with anterior cervical discectomy for approved indications, although current evidence is conflicting about the benefit of fusion in general.

Predictors of outcome of ACDF: Predictors of good outcome include non-smoking, a pre-operative lower pain level, soft disc disease, disease in one level, greater segmental kyphosis pre-operatively, radicular pain without additional neck or lumbar pain, short duration of symptoms, younger age, no use of analgesics, and normal ratings on biopsychosocial tests such as the Distress and Risk Assessment Method (DRAM). Predictors of poor outcomes include non-specific neck pain, psychological distress, psychosomatic problems and poor general health

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)**