

**DATE OF REVIEW:** 02/27/06

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** The items under dispute include an anterior cervical discectomy with fusion of C4 to C7 with 1 day length of stay in a hospital.

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

**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)

The reviewer disagrees with the previous adverse determination.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:** Records were received and reviewed from the requestor and from the respondent. The records are as follows:

Records from Carrier:

- Letters: 1/19 and 1/30/2007.
- Letter: 2/14/2007.
- MRI: 9/21/2006.
- Myelo/CT Scan: 11/1/2006.
- Report: 12/1/2006.
- Report: 1/17/2007.
- Report: 1/22/2007.

Additional Records, Doctor Facility:

Reports: 10/16/2006 – 1/17/2007.  
ESI: 11/15/2006.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This was injured on. He was driving on an icy road and his feed truck overturned. He struck the left side of his head, requiring sutures behind his left ear. There was no loss of consciousness. Patient denies any prior history of neck problems. Following the accident he has had significant posterior cervical and interscapular pain with bilateral shoulder and radiating pain down both arms, right greater than left. Pain radiates primarily into the right thumb.

Physical examination: Decreased range of motion of the neck, paracervical muscle tightness, and loss of cervical lordosis. Neck extension and right lateral bending reproduced the right arm pain in the C6 dermatome. There is scattered hypalgesia of the right C6 dermatome.

MRI of 09/21/2006 revealed cervical spondylosis with diffuse disc bulges from C4-5 through C6-7, spinal stenosis and foraminal stenosis primarily at C5-6 and C6-7. Cervical myelogram and post CT scan on 11/01/2006 reveals anterior extradural defects from C3-4 to C6-7, disc space narrowing from C4 to C7 causing spinal stenosis. CT scan revealed degenerative disc disease from C4-5 through C6-7.

Treatment has included extensive physical therapy, medication, ESI, FCE, and work hardening. Currently the patient is having increasing severe neck pain, bilateral shoulder and arm pain. He has limited mobility of the neck with extension and bilateral side bending reproduces the pain in the shoulders and arms. Patient is now months post injury and has failed conservative care.

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

This male has failed conservative care, has radicular symptoms and imaging evidence of a lesion. Patient fulfills the criteria of ODG. According to Campbell's Operative Orthopedics, Page 1984, "Several authors report that, when the disc is punctured anteriorly, pain is noted in the neck and shoulder. Complaints of neck pain, medial scapular pain, and shoulder pain are therefore probably related to the primary pain about the disc and spine. Symptoms of root compression usually are associated with pain radiating into the arm or chest with numbness in the fingers and motor weakness."

On Page 1988, "The primary indications for operative treatment of cervical disc disease are (1) Failure of non-operative pain management, (2) Increasing neurological deficit, and (3) Cervical myelopathy that will predictably progress, based on natural history studies. In most patients the persistence of pain is the primary indication. Intuitively, the level of persistent pain should be severe

enough to consistently interfere with the patient's desired activity and greater than would reasonably be expected after operative treatment. Any controversy that existed relative to the need for fusion with anterior discectomy essentially has been resolved with long term follow-up studies of patients without fusion. The use of a graft also prevents the collapse of the disc space and maintains adequate foraminal size."

Occupational Injuries – Herington and Morse, Page 156: "A key historical point in the cervical spine is the issue of radiating symptoms into the upper extremities." Bucholz, Orthopedic Decision Making, Page 443: "The algorithm (History and Physical Examination, X-rays, Neck Pain not relieved with conservative care is indication for an anterior cervical fusion.)

**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) Campbell's Operative Orthopedics, 10th Edition, pp. 1984-1989., Herington and Morse: Occupational Injuries, pp. 156., Bucholz, Orthopedic Decision Making, 2nd Edition, pp. 442-443.