

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.

DATE OF REVIEW: February 21, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior discectomy with fusion and plating C4-5 and C5-6 with one day length of stay.

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

Board Certified in Neurosurgery

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

Medical records from the Provider include:

- M.D., 09/14/06, 10/12/06, 10/26/06, 12/21/06, 01/08/07, 01/18/07
- Hospital, 09/26/06, 11/28/06, 01/02/07

Medical records from the Carrier include:

- Hospital, 08/17/05
- D.O., 12/20/05, 02/23/06, 02/05/07
- 01/12/07, 01/26/07, 02/14/07
- M.D., 08/24/06
- Hospital, 01/02/07
- M.D., 01/08/07, 01/18/07
- L.V.N., 01/12/07

PATIENT CLINICAL HISTORY:

The patient is a male who was injured on the job on, when he fell out of a forklift bucket and reportedly was struck by a 1,000 pound pallet sustaining a crush injury to his chest, abdominal wall, and pelvis. He underwent emergency exploratory laparotomy requiring sigmoid colon

resection. Documentation is noted of burst fractures at T4, and reportedly the patient did complain of some neck and arm pain complaints.

The patient also had some persistent back and left leg pain and was reportedly ultimately seen by a neurosurgeon, M.D., with the initial documented evaluation on September 14, 2006 indicating the patient was chiefly complaining of left thigh pain with paresthesias, and some neck pain, but no significant arm discomfort. His examination was positive for L4 radiculopathy on the left side. Dr. documents that there were no significant cervical findings on the examination including negative Spurling sign with neck extension.

The patient continued to get workup and conservative treatment for his back and left leg pain, and ultimately was diagnosed with lateral herniated disc at L3-4 and ultimately surgery at that level was performed on November 28, 2006.

The records document that Dr. continued to follow the patient who now complained of worsening neck and bilateral arm pain, particularly on the left hand side.

A cervical MR is documented in the review on August 24, 2006 revealing some neural foraminal narrowing at C4-5, C5-6, and C6-7.

Dr. follow up note on January 8, 2007 states that the patient's examination has changed, and that there is with neck extension reproduction of pain into both shoulders and arms mainly on the left side. He also states, "He has developed a little weakness in the left deltoid and the left biceps with decreased sensation in the C5 and C6 dermatome."

Because of the worsening pain complaints and the progression of positive findings, CT cervical myelogram was recommended and this was performed on January 2, 2007, confirming disease particularly at C4-5 and C5-6 where there is noted severe neural foraminal narrowing on the left at C4-5 and less severe disease at C5-6.

Reportedly the patient had been through an extensive conservative treatment route for his progressive cervical radiculopathy. No definite documentation of whether the patient has had cervical epidural injections is noted. Dr. gave the patient treatment options including two level anterior cervical discectomy and fusion at C4-5 and C5-6. The patient wishes to proceed with surgery, but the surgery was denied through peer review and a subsequent appeal.

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

My reading, reflection, and interpretation of the documents afforded to me in this review would suggest that the patient's examination did change and he now has positive physical findings consistent with progressive cervical radiculopathy, including positive Spurling signs and evidence of weakness in his biceps and deltoid and this, correlated with positive findings on

studies, would suggest that this patient does have bona fide surgical disc disease that correlates with probable traumatic cervical spondylitic radiculopathy sustained from the original injury or exacerbated from the original injury.

In my opinion, the recommendations for a two level anterior cervical discectomy and fusion are reasonable and medically appropriate.

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)**