CompPartners

DATE OF REVIEW: **7/19/07**

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVIDES IN DISPUTE
Determine the appropriateness for the previously denied request for inpatient anterior cervical fusion with Atlantis plates.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Texas Licensed D.O., Orthopedic Surgeon

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

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

Previously denied request for inpatient anterior cervical fusion with Atlantis plates.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
- Request Letter dated 7/13/07.
- Notice of Assignment of Independent Review Organization dated 7/12/07.
- Fax Cover Sheet dated 7/12/07.
- Notice to of Case Assignment dated 7/12/07.
- Section I – Name of Party Requesting IRO dated 7/9/07.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 7/9/07.
- Request for a Review by an Independent Review Organization dated 7/6/07.
- Notification Determination Letter dated 7/2/07, 6/14/07.
- Office Visit dated 6/21/07, 6/7/07, 5/14/07, 4/19/07.
- Authorization Request dated 6/8/07.
- Block Report dated 5/25/07.
- Operative Report dated 5/25/07.
- Cervical Myelogram dated 5/2/07.
- CT Cervical Spine Post Myelography dated 5/2/07.
- Test Report dated 4/2/07.
- MRI Left Shoulder dated 3/1/07.
- MRI Cervical Spine dated 3/1/07.

PATIENT CLINICAL HISTORY [SUMMARY]:
Age:
Gender: Male
Date of Injury: xx/xx/xx
Mechanism of Injury: While drilling a hole for a plumbing pipe the drill became stuck and jerked the patient's arms and back.

Diagnoses: C4-5 moderate disc spondylosis with no stenosis; focal flexion abnormality C4-5; C5-6 moderate disc spondylosis with no stenosis; severe disc spondylosis with left posterior lateral endplate ridging merging into a large left uncinate process spur producing moderate/severe left intervertebral foraminal stenosis and cord displacement and distortion; severe acute C7 radiculopathy left; moderate left carpal tunnel syndrome.

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

This male was injured while drilling a hole for a plumbing pipe and the drill became stuck. At that time, it jerked his arms and back. The patient has had severe neck and arm pain since that time. The MRI of the cervical spine performed on 3/1/07 indicated severe C5-6 disc spondylosis with mild bilateral intervertebral foraminal stenosis C5-6, and mild/moderate central stenosis with cord contact and displacement, C6-7 severe disc spondylosis with moderate right severe left intervertebral foraminal stenosis and cord displacement and distortion. The electrodiagnostic study performed on 4/2/07 indicated severe acute C7 radiculopathy on the left and a moderate left carpal tunnel syndrome. The electrodiagnostic suggestion was surgical evaluation. On 4/19/07, the patient was evaluated by Dr. where he noted symptoms began as a result of repetitive overhead activity. When seen by Dr. on 4/19/07, the patient was complaining of intermittent left-sided neck pain radiating to his left shoulder associated with left thumb numbness. The physical examination indicated full active range of motion of the cervical spine including flexion, extension, rotation bilaterally and lateral bending bilaterally. Full left cervical rotation exacerbated the symptoms. Strength in all motor groups for both upper extremities was 5/5. Triceps, biceps, and brachioradialis reflexes were all symmetrical on the left and right. Cervical myelogram and post myelographic CT was recommended with the findings noting mild/moderate left greater than right nerve sleeve truncation C6-7 with severe disc spondylosis with left posterior lateral endplate ridging merging into a large left uncinate process spur producing moderate to severe left intervertebral foraminal stenosis. On 5/14/07, Dr. indicated the patient was taking Lyrica and was encouraged to continue. A cervical epidural was recommended. The cervical epidural steroid injection was of no significant benefit. On 6/21/07, Dr. noted the patient's symptoms had worsened since the last visit with the left-sided neck pain radiating to his left shoulder and upper extremity. The record did not indicate worsening of or new physical findings. The Official Disability Guidelines (ODG) indicate that cervical fusion is 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. (See Discectomy/laminectomy/laminoplasty.) Evidence is also conflicting as to whether autograft or allograft is preferable and/or what specific benefits are provided with fixation devices. Many patients have been found to have excellent outcomes while undergoing

simple discectomy alone (for one- to two-level procedures), and have also been found to go on to develop spontaneous fusion after an anterior discectomy. The medical records provided for review and ODG web-based 11th edition do not support the cervical spine fusion in conjunction with anterior cervical discectomy. This file was indicated to be urgent due to a life-threatening condition, but the medical records provided for review did not contain any information indicating such a dire situation.

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.

X ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.

□ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

□ TEXAS GUIDELINES FOR CHRIOPRACTIC QUALITY ASSURANCE AND 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).

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.