

**DATE OF REVIEW:** 07/11/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

C5/C6 and C6/C7 anterior cervical discectomy and fusion with one-day inpatient hospital stay has been denied by the insurance company as not medically unnecessary.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

Board Certified

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

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

**INFORMATION PROVIDED FOR REVIEW:**

1. Case assignment
2. Correspondence & reports from URA 11/27/06 thru 05/10/07
3. Exams & evaluations from treating doctor (TD) 01/16/07 thru 02/08/07
4. Work status reports xx/xx/xx thru 01/23/07.
5. Services reports 10/10/06 thru 12/13/06 and xx/xx/xx & 01/10/07.
6. Neurologist's report 11/29/05.
7. Designated doctor exam 03/30/06.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This claimant suffered a work-related motor vehicle accident in which he was rear-ended. He suffered cervical lumbar sprain and strain. This was followed by radicular-type symptoms and hand weakness. He was worked and treated with nerve conduction studies as well as cervical epidural injections, which gave him temporary and complete relief. Clinical examination reveals C5/C6 weakness, and nerve conduction study showed chronic C5, C6, and C7 radiculopathy and bilateral carpal tunnel syndrome. Because of the excellent response to cervical epidural as well as return of the symptoms and motor weakness, anterior cervical discectomy and fusion were recommended at those levels.

Despite the patient having degenerative spondylosis of the cervical spine and chronic bilateral carpal tunnel syndrome, the patient had a work-related injury that worsened his condition. The patient has MRI scan evidence of neural compression at those levels and clinical symptoms consistent with radiculopathy. The patient also has objective weakness as well as previous diagnostic and therapeutic cervical epidural injections with fluoroscopy. Surgery is indicated and meets ODG criteria.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

The patient has polyfocal compression, i.e., double crush syndrome. The patient has failed conservative treatment and has motor weakness. Epidural injection is a good predicted value for decompressive surgery in the neck, and anterior cervical discectomy and fusion are warranted. This patient may also require bilateral carpal tunnel releases to obtain adequate relief.

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

*(Check any of the following that were used in the course of your review.)*

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)