

MEDICAL REVIEW OF TEXAS

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DATE OF REVIEW: JULY 17, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

C5 arterial cervical discectomy, fusion and instrumentation

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

MD, 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Adverse determination letter.
2. Legal notes.
3. Office notes from Dr.
4. Office notes from Dr. from 10/02 to 1/24/07.
5. RMJ Evaluations performed by Dr. on 12/21 finding that the patient was not at MMI.
6. MRI report from 6/23/06 which showed post operative changes at C6 and minor degenerative changes at C5 secondary to tiny osteophytes.

7. Independent Medical Exam performed by Dr., Orthopedic Surgeon, performed on 12/11 finding a normal neurological exam, cervical ROM and only post operative changes on the MRI with very minimal changes at C5 being consistent with a normal post operative study.

PATIENT CLINICAL HISTORY [SUMMARY]:

This now gentleman was injured when he was stocking some vegetables when apparently a case of Gatorade fell striking him in the head. There was not much information provided beyond what has been historically given and some of the reviewers.

Apparently following this, he had at least twelve sessions of physical therapy which included traction and TENS unit and had no substantial relief. He was seen by Dr. on 10/2 for a surgical evaluation. At that point in time the patient's neurological exam was felt to be within normal limits. Later, on 12/27 during a subsequent evaluation Dr. found that the patient's left biceps and small muscles of the hand were weak and this prompted a request for a surgical procedure. Apparently that surgical procedure ran into some difficulties and while this case was reviewed, he was seen by Dr. for MMI and was found not to be at MMI. Just prior to his visit with Dr. he was seen by Dr. for an IME. With this study the patient was found to be neurologically normal with a normal cervical ROM and a post-operative MRI scan without any acute changes. Following, he was seen by Dr. on 5/23/07 that also recommended a C5 anterior cervical discectomy and fusion despite finding a normal neurologic exam

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

This patient's physical exam is clearly in dispute. He's only been found to have physical exam abnormalities on two exams by the same physician. He has had three other examiners find normal neurologic exams on this patient. In addition, his complaints are also inconsistent. The latest evaluation performed by Dr. on 5/23/07 states that the patient is complaining only of neck pain that is not radiating into either arm. Dr. as well as Dr. both describe the patient has having pain in his left arm with Dr. giving a description of the pain along the lateral aspect of his upper arm, terminating above the elbow. In none of the exams has a comprehensive neurologic exam found any sustained neurologic abnormalities. The patient is noted to have multiple trigger points in his cervical spine region and along his trapezius muscles leading one reviewer to recommend trigger point and epidural injections. This is the basis for the previous adverse determination. A surgical procedure on the spine is only medically necessary when there is objective pathology on an imaging study

correlated with physical exam findings. This patient's imaging studies appear to be normal. The descriptors on the MRI scan are extraordinarily mild. The radiologist describes tiny osteophytes and sums up all the changes at C5 as minor degenerative changes. Subsequent evaluators of this study has found that the patient has epidural space both dorsal and ventral through the cord as well as no compression of the nerve roots. Therefore, there is no imaging abnormality that is consistent with radiculopathy. Further, this patient's last physical exam is within normal limits and the patient is no longer complaining of arm pain, thus the diagnosis of radiculopathy cannot be maintained, It appears this patient is having mechanical neck pain and to the **Official Disability Guidelines** for neck and upper back pain acute and chronic, conservative therapy remains the choice of treatment for degenerative changes and axial neck pain with no radiculopathy if there is no evidence of instability. It is also recommended by the **North American Spine Society** and the treatment guidelines from the **American Association of Neurologic Surgeons**.

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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
 - American Spine Society*
 - American Association of Neurologic Surgeons*
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)