

MEDICAL REVIEW OF TEXAS

10817 W. Hwy. 71
Phone: 512-288-3300

Austin, Texas 78735
FAX: 512-288-3356

Medical Review of Texas

DATE OF REVIEW: JULY 17, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Durable medical equipment; acquire a cryo unit rental times 10 days

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)
- X 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. Letter of adverse determination.
2. Office notes from Dr. including follow up and initial visit and exam.
3. Discogram performed on 2/18/07 showing partially concordant C3 pain as well as at C5 and C6 with a 50 percent reduction with a Marcaine challenge.
4. An EMG on 1/11/07 showing C6-C7 radiculopathy and carpal tunnel.

5. An MRI of the cervical and thoracic spine performed on 8/25/06 showing C3 narrowing and annular tear leading to cord abutment and approximately 10% thinning.

6. Office notes from Dr. including intake notes dating from 1/19/07 to 4/19/07.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a gentleman who was at work when a 200 to 250 pound rolling door fell and struck him in the neck and back region. This caused pain at the base of his neck as well as his thoracic spine area radiating up into his head. He also noted some occasional tingling into his left arm and left hand as well as subjective weakness on hand grasping. He had a positive cough, strains effect and he had pain that moved into the cervical spine. He had no bladder or bowel difficulties. Apparently he had physical therapy for six months. He had a total of three epidural injections (at least this is what a handwritten note refers to) both at C3 and at C6. The first helped for a week and the second actually increased his symptoms. As far as studies, he has had MRI scans of his cervical and thoracic. The MRI of his cervical shows C3 narrowing with an annular tear leading to some cord abutment and approximately 10% thinning as well as an annular tear at C6. He has also had a discogram which shows partially concordant pain at C3, C5 and C6 with a Marcaine challenge showing decreased in 50% of his pain and the final conclusion was that the majority of this pain was coming from C3. He has also had EMG which was consistent with a C6/C7 radiculopathy as well as carpal tunnel. Due to his lack of progress, he has had two surgeons recommend a C3 ACF with simple observation of C6 which is also known to be somewhat problematic.

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

It appears that the anterior cervical discectomy and fusion as well as plating has already been addressed and found to be compensable. What is at issue here is the cryo unit for postoperative care. It is very common for patients to experience post-operative trapezius muscle spasms. Dr. has found that these spasms are reduced with a cryo unit. Therefore, it is reasonable for this to be approved.

Medical Review of Texas

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
 - * NORTH AMERICAN SPINE SOCIETY
 - * AMERICAN ASSOCIATION OF NEUROLOGICAL SURGERY; GUIDELINES FOR BACK SURGERY
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)