



Specialty Independent Review Organization

DATE OF REVIEW: 7/16/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The service under dispute is an ACDF C3/4 with autograft, synthosplate and 2 day LOS.

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

The reviewer is a Doctor of Osteopathy who is board certified in Orthopedic Surgery with greater than 15 years of experience in this field.

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)

The reviewer disagrees with the previous adverse determination regarding all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the carrier, URA and treating doctor. Records are not listed twice if they came from different parties. The records are as follows:

Records from Carrier:

- Preauth request from TD of 5/24/07
- MD notes: 4/10/07 - 5/8/07
- C- discography report 2/8/07
- Cervical MRI- 8/25/006
- notes: 5/4/07 - 5/31/07

Records from URA

, Letters: 5/30 and 6/19/2007.

Preauth request 3/8/07.

Discogram/CT: 2/8/2007.

EMG: 1/11/2007.

MRI, MRI: 8/25/2006.

Handwritten note apparently by Mr.

PAIRS form

MD notes: 1-19/07 - 4/19/07

Records from Treating Doctor:

Records from the TD were provided; however, they were already listed above.

PATIENT CLINICAL HISTORY [SUMMARY]:

This male was injured. He was working and a large heavy door fell on top of his head causing cervical compression. Since that time he has had pain in his neck, shoulders, and upper back. Patient also has intermittent pain in both arms. Patient's chief complaint is cervical headaches extending from the neck.

Physical examination reveals a full range of motion to the cervical spine, normal strength of the upper extremities, and loss of sensation to the left hand ring and index fingers. Compression test reproduces the pain in the neck. Cervical MRI revealed narrowing of the disc height at C3-4 with a disc bulge. EMG of 01/11/2007 revealed a C6-7 radiculopathy and median neuropathy at the wrist. Discogram/CT Scan shows an annular tear with a 5mm HNP at C3-4 eccentric to the right with moderate mass effect on the spinal cord. This is accompanied with a neural foraminal narrowing on the right, secondary to the lateral extension of the HNP. X-rays on 04/10/2007 of the cervical spine including flexion and extension studies reveal a complete collapse of the disc space between C3-4 with early retro-listhesis of C4 on C5. There is an osteophyte extending into the canal at the same level.

Patient has been treated with physical therapy for 7 months without relief.

Patient has also had ESIs with only minimal temporary relief of symptoms.

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

This male had an axial compression of the cervical spine resulting in persistent pain. Patient has been treated with 7 months of physical therapy and ESIs along with medications. Patient has imaging studies with X-ray, MRI, Discogram/CT scan showing the HNP with disc collapse at C3-4.

ODG Fusion, Anterior Cervical, is recommended as an option in combination with a discectomy. There is conflicting evidence concerning a fusion. Denial letter

from uses the ODG indications for lumbar surgery. This review concerns the cervical spine. Patient fits the criteria according to Clark, 4th Edition, The Cervical Spine.

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)