



Brighter insights. Better healthcare.

One Sansome Street, Suite 600  
San Francisco, CA 94104-4448

415.677.2000 Phone  
415.677.2195 Fax  
www.lumetra.com

## IRO NOTICE OF DECISION - WC

---

**DATE OF REVIEW:** 07-09-2007

**IRO CASE #:**

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

C5-6, C6-7 Anterior Cervical Decompression and Fusion with Allograft plus Plate

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

Certified by the American Board of Orthopaedic Surgery  
General Certificate in Orthopaedic Surgery

### **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)

Injury Date	Claim #	Review Type	ICD-9 DSMV	HCPC S/NDC	Service Units	Upheld/Overturn
		Prospective	7220	63075	1	Overturn
		Prospective	7220	63076	1	Overturn
		Prospective	7220	22585	1	Overturn
		Prospective	7220	22554	1	Overturn
		Prospective	7220	22845	1	Overturn

**IRO NOTICE OF DECISION - WC**  
**Page 2**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Notices of Pre-authorization Decision and Rationale (05-31-07 and 06-11-07)  
Patient Profile, Questionnaire  
MRI of the cervical spine (08-17-06)  
MRI of the thoracic spine (08-17-06)  
MRI of the lumbar spine (08-17-06)  
EMG/NCV of the bilateral upper extremities (11-08-06)  
Functional Abilities Evaluation (04-17-06)  
Clinical Interview Report (03-28-07)  
Physician Medical Notes (03-20-07, 05-31-07, 06-27-07)  
Physician Medical Notes / Operative Note & Discharge Note (05-03-07,  
05-17-07, 06-27-07)

**PATIENT CLINICAL HISTORY:**

The claimant's date of injury was when a student threw an exercise ball that hit her in the face. The claimant suffered injuries to her chin/lip and neck. The treatment rendered has included diagnostic studies, physical therapy, and cervical intra-laminar steroid injections. The claimant has also benefited from 12 sessions, use of TENS, and oral medications. MRI of the cervical, lumbar, and thoracic on 08/17/06 revealed advanced degenerative disc disease and spondylitic changes at C3-4, C4-5, and at the L3-4 and L4-5 levels. NCV/EMG study on 11/08/06 revealed multiple cervical radiculopathy and moderate bilateral carpal tunnel syndrome. The claimant had received cervical epidural steroid injection at C7-T1 on 02/01/07 with improvement of pain and a second injection on 05/17/07. According to the physician notes of 06/26/07, the claimant continues with neck, upper thoracic, and bilateral arm pain with numbness and tingling of hands. The treating provider has submitted preauthorization for the surgeries described above.

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

According to the Washington State Department of Labor and Industries Medical Treatment Guidelines: Review Criteria for Cervical Surgery for Entrapment of a Single Nerve Root (1), the patient selection criteria call for conservative care of 6 to 8 weeks of physical therapy or medications or cervical traction, and sensory symptoms in a dermatomal distribution correlating with involved cervical level, and motor deficit or reflex changes or positive EMG, and abnormal CT scan or MRI.

The patient meets all of the above criteria. She has tried multiple therapies for over one year since her injury; cervical MRI dated 8/17/06 showed advanced disc degenerative disease and spondylitic changes at C5-6 and C6-7, borderline stenosis at C5-6, and foraminal encroachment at C5-6 and C6-7; and EMG dated 11/08/06 showed multilevel cervical radiculopathy involving C5 and C6 bilaterally and left C7. There is no requirement under the above guidelines for psychological examination/treatment even though this patient has had a psychological evaluation that confirmed her symptomatology. Patient has failed conservative management including the use of TENS and oral medications. Steroid injections provided only limited improvement.

Furthermore, according to the ODG guidelines, anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications, such as in this case.

Therefore, the Reviewer concludes that the patient clearly needs C5-6 and C6-7 anterior cervical discectomy and fusion with allograft plus plate surgery. The published guidelines amply support such surgery for this patient.

**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**

**IRO NOTICE OF DECISION - WC**  
**Page 4**

- 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)