

# P&S Network, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** July 27, 2007

**IRO CASE #:**

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

**This case was reviewed by a Orthopedic Surgeon. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.**

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

Anterior cervical discectomy and fusion at C5-6 with fresh frozen irradiated bone bank bone, Vitoss, Vitagel, and tether plate

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overtured (Disagree)

### **REVIEW OF RECORDS**

- o Submitted medical records were reviewed in their entirety.
- o June 22, 2007 utilization review report from M.D.
- o June 5, 2007 utilization review report from M.D.
- o report by M.D.
- o May 14, 2007 cervical spine MRI report by M.D.

### **CLINICAL HISTORY SUMMARY**

According to the medical records, the patient is a female who sustained an industrial injury.

According to in the report, the patient stated that she was struck by a tub weighing 35 to 40 pounds on her left shoulder and left side of the head. She began experiencing headaches, dizziness, neck pain, left arm pain, and numbness and tingling in her hands and fingers. When the pain did not subside, she reportedly went to the emergency room and was put in a cervical collar and arm sling for three days. She started physical therapy, but stated that it was too painful for her. She has taken medication in the form of Zoloft, Flexeril, and naproxen. She reportedly has chronic conditions consisting of depression/anxiety and nicotine addiction, having smoked for 15 years.

Examination findings included suboccipital muscle spasm, scalene muscle spasm, decreased cervical spine range of motion, trapezius muscle spasms on the right, 2+ deep tendon reflexes at the biceps and triceps on the left and 1+ biceps and triceps reflexes on the right, 2+ bilateral brachioradialis reflex, symmetric lower extremity deep tendon reflexes, negative Babinski and Hoffman, no weakness of dorsiflexion or plantar flexion of the foot or toe, total reported numbness to pinprick sensation in the medial and lateral aspect of the left leg, and weaker hand strength on the right than the left. The physician reviewed the MRI and diagnosed intervertebral disc degeneration and displacement at C5-6 with spinal cord and nerve root compression. The physician stated that therapy has not helped and it is not recommended she have more therapy or injections with the spinal cord involved.

The May 14, 2007 cervical spine MRI report includes an impression of a 1 mm central to right paramedian disc protrusion at C6-7 not impinging upon neural structures; a 7 mm x 4 mm focal central disc protrusion/extrusion at C5-6 associated with both cephalad and caudal migration of nuclear contents (and prevertebral lymphedema at the C5-6 level) contacting the ventral cord and narrowing the right paracentral spinal canal to approximately 7 mm at this level; normal cord signal intensity; cervical

hypolordosis; and desiccation of the disc throughout the cervical range except for some spurring and disc space hydration at C7-T1 compared to adjacent levels.

A June 5, 2007 utilization review report rendered a non-certification for the following reasons. The reviewer noted that the neural compression appears to be more right-sided, however, the claimant has left-sided complaints. Clarification was needed by this reviewer. It does not appear that the reviewer was able to reach the physician for a peer-to-peer telephone conversation.

A second physician reviewed the case on June 22, 2007 with the recommendation of non-certification. The report notes that physician spoke with the treating doctor, however, the conversation is not outlined in the report. This reviewer stated the same rationale as the first reviewer, indicating that the neural compression appears more right-sided and that the claimant has left-sided complaints.

### **ANALYSIS AND EXPLANATION OF DECISION**

The patient has a 7 mm disc herniation extrusion in the cervical spine and requires the proposed surgery. I disagree with the other two reviewers. The patient does have left-sided complaints, according to the report, however, she demonstrates right-sided objective examination findings consistent with the MRI.

The IRO's decision is consistent with the following guidelines:

### **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