

CORRECTED/REVISED DECISION
To include complete rights and instructions of appeal.
To clarify information provided for review.

07/02/07

REVIEWER'S REPORT
(Amended)

DATE OF INITIAL REVIEW: 06/09/07
DATE OF AMENDED DICTATION: 06/29/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
ACDF, C4/C5, C5/C6, C6/C7

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
M.D., F.A.C.S., Board Certification: American Board of Orthopedic Surgery, with experience in the evaluation and treatment of patients with spine injuries.

REVIEW OUTCOME:
“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

- 1 TDI case assignment 05/18/07
- 2 URA letters of denial of 05/01/07 and 05/10/07.
- 3 H & P from treating doctor (TD) 12/22/06.
- 4 Preauthorization requests from TD dated 05/02/07 and 04/25/07.
- 5 Note from TD regarding preauthorization discussion w/URA 4/30/07.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This male was injured when the forklift that he was driving stopped suddenly. He sustained a whiplash-type cervical injury. He complains of bilateral upper extremity pain. His symptoms have not been relieved by non-operative treatment. He suffers multilevel degenerative disc disease. A Required Medical Examination is scheduled for 06/13/07.

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

Request for records were sent to all interested parties by TDI at the time of assignment, and by IRI on 05/21/07. The clinical information provided was not sufficient to support ACDF, C4/C5, C5/C6 & C6/C7.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines