

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** JUNE 14, 2007

**IRO CASE #:**

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

Medical necessity of proposed anterior cervical discectomy with fusion

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.0	Anterior cervical discectomy w/fusion		Prosp						Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-23 pages

Respondent records- a total of 78 pages of records received to include but not limited to:

letter, 6.1.07; Request for an IRO; Records, The Institute, 6.20.01-5.2.07; MCMC case report; Memorial Hospital, 9.25.01; Letters, 3.7.07, 3.9.07, 4.19.07; MRI-C-Spine, 6.8.01, 5.4.06; MRI L-Spine 4.8.05; MRI R and L Shoulder, 6.9.04 ; Surgery Center, 1.4.07-1.11.07

URA records- a total of 41 pages of records received to include but not limited to: Request for an IRO; Letters, 3.7.07, 3.9.07, 4.19.07; Records, The Institute, 12.27.06-3.28.07; MRI-C-Spine, 5.4.06; MCMC case report; Memorial Hospital, 9.25.01;

Requestor records- a total of 46 pages of records received to include but not limited to: Records, The Institute, 6.20.01-5.2.07; Records, Memorial Hospital, 9.25.01; MRI-C-Spine, 6.8.01, 5.4.06; MRI L-Spine 4.8.05; MRI R and L Shoulder, 6.9.04 ; records, Surgery Center, 1.4.07-1.11.07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient is being presented for a two level fusion at C4-5 and C5-6. The patient has had prolonged care dating back to 2001.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

There was a recent discogram completed on 1.11.07 at C4-5 and C5-6, which did not reproduce Mr.' pain. The cervical MRI of 5.4.06 also showed the C3-4 to have a focal midline disc protrusion with mild canal stenosis. Any fusion surgery at C4-5 and C5-6 would transfer stress to the adjacent disc level C3-4, which is already abnormal. The patient's neurological exam is not consistent with a C4-5 and C5-6 nerve root entrapment and there is no nerve root pressure identified at C6-7 despite the depressed triceps reflex on the left. There is no significant cord pressure identified on the cervical MRI. The patient is also a smoker, which is a relative contraindication for an elective spine fusion surgery. Thus, the request for the C4-5 and C5-6 fusion surgery is not approved.

**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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES

XX 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)