



REVIEWER'S REPORT

DATE OF REVIEW: 06/06/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Removal of hardware at C6/C7 and anterior cervical discectomy and fusion at C5/C6.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in Orthopedic Surgery

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. Denial letters dated 03/03/07 and 03/20/07
2. Requestor's records including office notes from 01/23/07 to 04/24/07
3. CT discogram dated 08/28/06
4. Nerve conduction study
5. MRI scan of the cervical spine
6. Operative report and notes
7. Multiple copies of various other records provided by the carrier including multiple notes and extensive records from previous studies and multiple duplicates; these were all reviewed.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient underwent a previous anterior cervical discectomy and fusion at C6/C7 and continues to have axial neck pain following a work-related injury. Nerve conduction study did not demonstrate any radiculopathy. It did demonstrate bilateral ulnar neuropathy and carpal tunnel syndrome. Diagnostic discography demonstrated concordant pain at the C5/C6 level. However, no controls were used. MRI scans as well as x-rays demonstrated diffuse multilevel degenerative changes.

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

There are too many unknowns and questions in this case to warrant approval for surgery in this case. This patient may benefit from the proposed procedure. However, I believe it would be prudent to request surgical second opinion from a fellowship-trained spine surgeon prior to approving this revision operation. There is no impending neurological damage or spinal cord damage. Therefore, it would be appropriate to obtain a second opinion as I believe there are too many unanswered questions to warrant surgical fusion at this point. In addition, there is no indication as to why the hardware at the other level should be removed.

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 (provide a description.)