

REVIEWER'S REPORT

DATE OF REVIEW: 03/08/07

IRO CASE:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Posterior decompression on the left side of the narrowed foramina

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certification: Orthopedic Surgery, with experience in the evaluation and treatment of patients with axial spine problems

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. URA decisions (1-30-07/2-15-07)
2. Cervical MRI/December 15, 2006
3. Office notes of MD from February 23, 2006 through December 21, 2006
4. Office notes of MD from January 24, 2006 through February 2nd, 2006
5. Cervical MRI of February 13, 2006
6. Hospital records of an anterior cervical discectomy at C5/6, C6/7; interbody fusion and cage placement at the same levels from May 5, 2006.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

Essentially, this injured individual was involved in a job-related motor vehicle accident. After evaluation for cervical and upper extremity pain, he had a 2-level anterior cervical fusion from C5 through C7 in April 2006. He reportedly had relief of symptoms with recurrence of some symptoms and left arm. An MRI scan obtained suggested mild spurring and uncovertebral joint arthrosis at C3/C4 and C4/C5.

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

The request for preauthorization is fairly nondescript. There does not appear to be any documentation of compressive neurological lesions that would warrant decompression, and there is no documentation of instability that would justify a fusion. There is no clinical proof that decompression and fusion are beneficial in the treatment of uncovertebral arthrosis as an isolated problem.

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.)