

DATE OF REVIEW: 03/26/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute include an IP SX ACDF @ C5/6 and C6/7 with a 2 day length of stay.

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

The reviewer is a Doctor of Osteopathy who is board certified in Orthopedic Surgery and has greater than 15 years of practice in this area.

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)

The reviewer disagrees with the adverse determination.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Letter: 2/6/2007.

Letter: 2/16/2007.

Records from Carrier:

Letter: 3/13/2007.

Open MRI, MRI: 10/26/2006.

MD, Report: 11/10/2006.

MD, Reports: 12/6 and 1/5/2007.

MD, Report: 1/17/2007.

DC, Report: 1/18/2007.

Additional Records, Doctor/Facility:

MD, Report: 1/29/2007.

MD, MRI: 9/18/2006.

PATIENT CLINICAL HISTORY [SUMMARY]:

This male was injured. At that time the bucket of the backhoe struck him in the back between his shoulder blades and knocked him into a pole. He bounced off the pole sustaining an injury to his upper back and neck. Patient complains of increased pain when driving a car, sitting, bouncing, and bending over. Patient complains of pain in the neck radiating down his left upper extremity associated with numbness. Pain is described as aching, burning, cramping, tingling, and annoying.

Physical Examination: reveals positive Spurlings on the left with numbness in the left upper extremity, restricted cervical range of motion, muscle strength 5/5, and localized spasm in the cervical region. Patient has been treated with chiropractic treatments, physical therapy, medications, and an ESI.

MRI revealed a multi-level disc protrusions with severe spinal stenosis at C5-6 with flattening of the cord and bilateral foraminal stenosis and at C6-7 there is a severe left paracentral PNP.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

This injured his neck and has positive findings for nerve root compression involving the left arm. The MRI reveals marked spinal stenosis at C5-6 and stenosis at C6-7. In patients who have had symptoms for more than one year and have neurological changes and failed conservative care, surgery is the treatment of choice. Surgical decompression and fusion are indicated for spinal stenosis according to Bucholz, Orthopedic Decision Making. This is also confirmed with Clark in The Cervical Spine, 4th Edition. The surgical technique is found in Campbell's Operative Orthopedics, 10th Edition. Villavicencio et al indicate that ACDF is a safe and effective treatment.

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) Villavicencio AT, Pushchak E, Burneikiene S, Thramann JJ The safety of instrumented outpatient anterior cervical discectomy and fusion. Spine J. 2007 Mar-Apr;7(2):148-53.
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)