

MEDICAL REVIEW OF TEXAS

[IRO #]

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DATE OF REVIEW: NOVEMBER 7, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Four level anterior cervical discectomy and fusion with one day inpatient stay.

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

MD, Board Certified in Neurosurgery

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Department of Insurance packet that includes both the first and the second reviewer's evaluations including Dr. dated 10/24/07 and Dr. dated 10/16/07 and Dr. dated 10/8/07.
2. Office notes from Dr., M.D., F.A.C.S. dated 9/10 and 9/24/07 as well as 10/9/07.
3. A CT myelogram report performed on 9/18/07.

4. P.T. intake sheets and physical evaluation performed on 8/9/07.

PATIENT CLINICAL HISTORY [SUMMARY]:

This gentleman injured himself at work. It was stated that he was jumping out of a maintainer to escape a snake that was in the cab. His shirt hung up on something and he was jerked backwards and popped his neck. He has had severe neck pain ever since. Apparently there were treatments prior to his visit with Dr., which is the first clinical information included. He was described as having a cervical MRI scan which showed C4, C5 and C6 post traumatic disc pathology with cord and root compression. Of note, this study is not provided. Dr. then performed a physical exam on this patient. It was rather scant at best; he is noted to have decreased mobility in his neck in all directions. It is also noted that neck extension and bilateral bending reproduce pain into the shoulders and down the arms and there is a Lhermitte's phenomenon with flexion and extension of the neck. The actual symptoms related to this are not discussed. It is also noted that he has para vertebral muscle tightness and loss of cervical lordosis with decreased mobility of the neck in all directions. He has mild generalized weakness in all four extremities. Again, this is not fully elucidated and his deep tendon reflexes are depressed in the upper extremities, 2+ in the knees and 1+ in the ankles with a weak Babinski response bilaterally and several beats of ankle clonus. He also has somewhat of a wide-based gait. Dr. felt that he had post-traumatic three-level disc pathology with myeloradiculopathy and recommended a CT myelogram. This was performed on 9/18/07. Apparently, Dr. also participated in this study. He was noted to have reversal of the normal cervical lordosis, primarily at C3 and he had disc space narrowing at C3, C4, C5 and C6. Osteophytic disc bulge complexes were noted also at these levels. It is noted that he had prominent multi-level unciniate process hypertrophy. The spinal cord is specifically noted to be of normal contour. At C3 he has some neuro foraminal narrowing on the left. At C4 he has a vacuum disc phenomenon as well as bilateral unciniate hypertrophy which cause bilateral neuro foraminal narrowing. At C5 he has a bridging osteophyte formation and unciniate process hypertrophy more prominent to the right causing neuro foraminal narrowing on the right. At C6 he is noted to have a diffuse central bridging osteophyte as well as prominent bilateral unciniate process hypertrophy with bilateral neuro foraminal narrowing more severe on the right. The actual myelographic component found him to have multi-level degenerative disc disease and cervical spondylosis with minimal central canal stenosis at C3, C4, C5 and C6. Based upon this myelographic result, Dr. had recommended a four-level cervical fusion on this patient as

well as plating and one night stay. That procedure has been denied and is now an emergency with the potential for life endangering consequences.

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

First and foremost, this patient has not been fully examined. The last physical exam this patient had was the first physical exam that he had back in September and he has been described as having advancing neurologic deficits. This is a statement, which cannot be supported without a follow-up physical exam. Further, the CT myelogram study discusses very little actual cord compression. In fact the spinal cord is found to be of normal contour. In addition, his physical exam findings are not at this point convincing for either a myelopathy or a radiculopathy. Obviously, accepted medical standards require that the patient has a physical exam prior to a surgical procedure particularly if that surgical procedure is based upon deterioration of that physical exam. Based on the clinical information submitted for this review and using the *Standard Accepted Medical Practices*, their quest for anterior cervical discectomy and fusion and plating at C3 through C7 is not medically appropriate.

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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 – NOT PROVIDED
- 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)