

Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: OCTOBER 22, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed anterior cervical discectomy and fusion of C5-6 with instrumentation

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	22554		Prosp	1					Upheld
726.10	22554		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 7 pages of records received to include but not limited to:
Report, Dr. 5.19.07

URA records- a total of 196 pages of records received to include but not limited to:
letters, 9.19.07, 9.27.07; Orthopedics, notes, 1.30.07 and letter of medical necessity; MRI C-Spine 11.15.06; EMG/NCV report 1.11.06, 1.18.06; PubMed.gov information on ESI; X-Ray Rt

Shlder and C-Spine 11.15.06; pre auth request Orthopedics 2.16.07; Ortho Med script 2.20.07; Clinic notes 8.28.06-9.10.07; Orthopedics group notes, 11.20.06-3.22.07; MRI L-Spine 12.16.05; Myelogram and CT L-Spine 8.16.06; notes, 3.20.07-7.31.07; Clinic notes, 5.21.07; Institute notes 10.9.07, 9.10.07

Requestor records- a total of 26 pages of records received to include but not limited to: Institute notes 10.9.07, 9.10.07; Request for an IRO

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient had a work injury when he fell and had right shoulder, neck, and low back pain. He had a cervical MRI on 11/15/06, which showed a 2 mm disc protrusion at C5-6 center and left. However, the 1/18/06 EMG/NCV study showed a right-sided C5-6 radiculopathy.

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.

The patient had right shoulder surgery by Dr. in February 2007. Dr. evaluated him on 9/10/07 and proposed a C5-6 disc excision and fusion for the right upper extremity symptoms. Thus, the cervical spine MRI findings do not correlate with the reported radicular symptoms of the right upper extremity.

The medical records and diagnostic studies do not address the cervical spine anatomical issues and whether there is a C6 nerve root compression or such significant stenosis to warrant a disc excision at C5-6 with fusion. Therefore, medical necessity was not established.

A Description and the Source of the Screening Criteria or Other Clinical Basis Used to Make the Decision:

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES