

# Independent Resolutions Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: 817-274-0868

Fax: 817-549-0311

## IRO REVIEWER REPORT TEMPLATE -WC

---

**DATE OF REVIEW:** *October 17, 2007*

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

*A 360 degree cervical fusion with anterior and posterior instrumentation at C4,5,6 with a 2-day inpatient hospital stay is in dispute.*

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

*Doctor of Medicine (M.D.)*

*Board Certified in Orthopaedic Surgery*

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- 1. Case assignment with UR denials (8-31-07 and 9-20-07)*
- 2. MRI report MRI 6-29-07*
- 3. Records from, MD 6-7-07, 9-13-07*
- 4. Office records, MD 1-30-07*
- 5. Office note, MD 2-22-07*
- 6. Records from, MD 6-29-07 through 9-7-07*
- 7. Records from, MD 4-24-07*
- 8. Reports MRI 7-20-07, including addendum*
- 9. Reports MRI and Diagnostic 6-29-07*
- 10. Reports from 8-8-06, 6-24-06*
- 11. No ODG Guidelines*

**PATIENT CLINICAL HISTORY [SUMMARY]:**

*The injured worker underwent previous ACDF C4,5,6 by another surgeon on 1-9-07 and has persistent pain and radiculopathy. Postoperative CT has demonstrated an established pseudarthrosis. The requesting MD has recommended exploration of the pseudarthrosis, 360-degree fixation, and a 2 day hospital stay to treat the failed fusion.*

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

*The patient has a CT proven pseudarthrosis as well as a C6 radiculopathy with both motor and sensory findings. The IW is more than 9 months post-op and fits the criteria for surgical revision of a cervical pseudarthrosis. The previous peer review physicians used ODG guidelines incorrectly in denying this patient's care. This is obviously a revision and the ODG guidelines discuss reoperation for proven pseudarthrosis.*

**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
  - OKU SPINE
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)