

MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 23, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

C5-6 and C6-7 discectomy and fusion

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. Adverse determination packet including historic information on this patient as well as the initial reviewer's rationale and basis for denial.
2. Office notes of M.D., dating back to 4/26/99 through 3/6/08.
3. Myelogram dated 12/5/07, both of the cervical and lumbar region with CT scan post myelogram.
4. Steroid injection to the lumbar spine dated 9/26/06.

5. ESI dated 4/11/06 and 12/6/05.
6. Lumbar myelogram dated 11/11/05.
7. Bilateral L5 root injection performed 8/02/05, bilateral L4 root injection dated 6/27/05, and a right L3 and L4 nerve root block performed 4/25/05.
8. Lumbar epidural spinal injection dated 11/12/04, 4/29/04.
9. Lumbar myelogram dated 12/17/04.
10. CT and post myelogram and sagittal reconstructive images.
11. Lumbar flexion and extension films dated 8/18/03.
12. Lumbar myelogram dated 1/3/03 with CT follow through. Included with this is a lumbar spine two-view study indicating previous surgery.
13. Lumbar myelogram dated 10/9/01 with CT follow through.
14. ODG not provided.

PATIENT CLINICAL HISTORY [SUMMARY]:

This gentleman apparently was injured in XXXX. At that point he was a man working for XXX. He had a previous history of low back pain dating back five years but on XX/XX/XX was sitting at a stop signal when he was rear ended by another vehicle. He then had more low back pain as well as now right hip and buttock pain radiating inferiorly. Ultimately, this ended up in causing the patient to have a lumbar procedure in late 2001. At that point he had interbody spacers placed at L4 and L5, as well as a lateral mass fusion from L2 through S1 with bilateral laminectomies at L2, L3, L4 and L5 and pedicle screws at L4 and L5. The patient did not maintain that level of improvement and virtually every year following that has had some form of imaging studies, generally CT myelographies as well as either epidural steroid injections, selective nerve root blocks, etc., as the list above indicates. In 2007, this gentleman had recurring cervical pain. Of note, this gentleman was initially seen by Dr. in XXXX with neck pain, and bilateral arm pain and Dr. felt that the patient would probably need an anterior discectomy and fusion and plating from C5 through C7 and that the patient was to be followed closely. Of note, no physical exam was done at this time and this gentleman has had only one physical exam dictated in all of his office visits on XX/XX/XX, which was quite a cursory physical exam at best. In 2007 when his neck pain returned, no further physical exam was detailed until an office note in 3/6/08 described him as having weakness in his arms, a wide based gait, bilateral Babinski's and several beats of ankle clonus. Based upon this he was defined as having a cervical myeloradiculopathy and required an urgent fusion at C5 and C6. Of note, this gentleman had a CT myelogram on 12/5/07 which describes prominent thickening of the

ligament flavum posteriorly at C5 along with a broad based disc bulge causing mild encroachment upon the dural sac with mild spinal canal stenosis. Neural foramina and facet joints are maintained. At C6 he was noted to have prominent narrowing of the disc space and posterior hypertrophic spurring which was causing mild to moderate encroachment upon the anterior aspect of the dural sac. There is also noted to be ligamentum flavum thickening posteriorly and this in combination with the disc bulge was causing mild to moderate spinal stenosis with bilateral unciniate hypertrophy. The patient is noted to have moderate narrowing of the neural foramina bilaterally at this level.

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

As noted by the previous reviewer, this gentleman has not had an adequate evaluation including a physical examination. Without a more detailed exam, it would not be prudent to submit this patient through a surgical procedure which Dr. recommended 8 ½ years earlier. There is absolutely no way of knowing whether this patient's physical exam has deteriorated because there has been no physical exam done on the patient when his symptoms began or even now. In addition, the CT myelography findings are mild at best and certainly would not account for ankle clonus and bilateral Babinski responses or even a wide based gait. Thus Dr. has not effectively linked the extraordinarily minimal physical exam findings to his imaging studies. The rationale and basis for this is again on *ODG Guidelines* which specifically state that imaging studies must correlate with physical exam findings. Also cited is *Medical Judgment Clinical Experience and Accepted Medical Standards* that a detailed physical exam should be performed and documented on a patient prior to a surgical procedure.

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