

P-IRO Inc.

An Independent Review Organization
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Notice of Independent Review Decision

Amended September 3, 2008

August 29, 2008

DATE OF REVIEW: August 29, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

2 level Anterior Cervical Discectomy & Fusion @ C5/C6, C6/C7

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

Orthopedic Surgeon

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

OD Guidelines

Denial Letters 7/24/08 and 7/11/08

Encounter Summary 6/17/08 and 3/11/08

MRI 10/3/07 and 6/12/08

Records from Spine & Pain Center: 6/14/07 thru 6/30/08

PATIENT CLINICAL HISTORY [SUMMARY]:

Based on the medical records presented for review, this injured employee slipped on a dust pan, fell onto his right side and struck his head. There is a past surgical history of a spine fusion, the level is not noted. The initial physical

examination noted right upper extremity weakness in multiple muscle groups. The past social history is significant for tobacco use.

The October 2007 MRI noted two level cervical disc disease, with a significant C6-7 annular bulge with right sided pathology. The EMG noted left sided changes. The June 12, 2008 cervical MRI noted the C6-7 level disc to the left and the C5-6 disc to the right.

There is a lack of documentation of conservative care; the requesting provider is seeking a surgical solution prior to objectification of lesser interventions.

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

The injured employee reportedly slipped and fell. The notes indicate that he fell onto his right side striking his head. That would cause a left lateral flexion and should produce a right sided disc lesion. The MRI report notes both right and left sided lesion.

The standards for a cervical spine fusion are noted in the Division Mandated Official Disability Guidelines. While noting that there is a recommendation for this procedure; there is some discussion in the literature that could be described as conflicting. However, these standards are not objectified as having been met in the progress notes presented for review. Given the past history of tobacco use, a predictor for a less than optimum outcome, given the lack of conservative measures objectified in the records presented for review (only a short trial of non-steroidal, anti-inflammatory medications was noted) noting the lack of appropriate psychological counseling relative to a two level fusion and with the past history of a spine fusion (level undetermined) there is no clear convincing objective medical evidence that this procedure is reasonably required to address the sequale of the compensable event.

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)