

MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 20, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior cervical 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)
- X 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. MRI scan of the cervical spine as well as a cervical spine series dated 4/13/07.
2. MRI of the right knee 4/4/07.
3. E.R. notes dated 4/12/07 at the Hospital.
4. Multiple physical therapy notes including intake sheets and weekly progress notes from Clinic.
5. Behavioral modification consults and follow ups performed by MA, LPC dated 7/9/07.
6. Functional capacity evaluation dated 11/8/07 performed by D.C.
7. Pain management evaluation and treatment by D.O. including weekly follow up notes from the same office.

8. Department of Insurance packet of information including the adverse outcome.
9. Office notes from M.D. dated 12/18/07 and then follow up notes from Dr. dated 1/8/08.
10. Copies of cervical MRI scans from 7/20/07 showing disc desiccation and disc protrusion at C5 causing left foraminal stenosis as well as bone marrow stress edema at the C5 area.
11. EMG performed by M.D. on 7/19/07. Again multiple copies of this are included.

PATIENT CLINICAL HISTORY (SUMMARY):

This gentleman apparently fell 40 feet. He was working as a pipe fitter and the scaffold fell dropping him onto his back and neck. He was complaining of severe neck and left arm pain as well as numbness into his left hand including his index and long finger and those symptoms have continued to date. He stopped working on 5/22/07. He has had extensive physical therapy, three sets of epidural injections and non steroidal anti-inflammatory agents. As far as imaging studies, he has had two MRI scans, the last of which showed a foraminal stenosis at C5 on the left consistent with his symptoms. He has also had an EMG which showed bilateral carpal tunnel syndrome. His physical exam found him to have extremely limited range of motion of the cervical spine, limited to the point where nerve root tension signs including where Lhermitte and Spurlings could not be accessed. His upper extremity strength was found to be normal as well as his reflexes but his sensory exam found him to have left arm and hand numbness including the index and long fingers. His peripheral nerve evaluation was within normal limits. After a failure of conservative management for more than five months, it was recommended that this patient have an anterior cervical discectomy and fusion. This is currently what is in debate.

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

This patient meets all the ODG guidelines. He has positive imaging studies. His lack of nerve root tension signs including Lhermitte's and Spurling's is caused simply because the patient has limited range of motion of the cervical spine. You must be able to turn your neck before we can access whether turning your neck causes radicular symptoms. Further, the patient has had extensive multi-modality conservative management including epidural injections, physical therapy, non-steroidal anti-inflammatory agents, etc. His imaging studies are consistently positive showing foraminal stenosis on the left side. In addition, he has got focal bone marrow stress edema at the insertion of the anterior longitudinal ligament indicating that indeed this was an area of stress which ultimately, in my opinion, led to his C6 radiculopathy. The negative EMG is a very common situation and negating treatment on a negative EMG is not appropriate. A negative EMG is a non study. A positive EMG study however, does have some bearing. Based on his objective physical findings as well diagnostic findings this patient meets the ***American Academy of Occupational***

Medicine Practice Guidelines as well as the **ODG Guidelines** necessary to support the anterior C5 and C6 discectomy and interbody fusion.

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
 - * *American Academy of Occupational Medicine Practice Guidelines*
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)