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Notice of Independent Review Decision

DATE OF REVIEW: 02-21-08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior Cervical Discectomy Fusion at C4-5, C5-6
Three-day inpatient hospital stay

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

Certified by the American Board of 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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	722.0 723.1	63075	Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Notification of Determinations dated, 1-28-08 and 2-5-08

Appeal Letter dated, 1-28-08

Return Patient Visits dated, 1-21-08, 1-21-07, 1-16-06, 1-21-06, 1-30-06,

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2-28-06, 4-10-06, 7-31-06, 12-26-06, 10-24-05, 7-11-05, 5-18-05, 8-20-05,
10-30-05

Medical note dated, 3-7-05

Cervical Myelogram and CT dated, 5-24-07

Procedure note dated, 11-15-06

Left Extremity Electrodiagnostic Study dated, 11-21-05

Health Insurance Claim Form

Required Medical Examination dated, 11-16-07

Preauthorization request dated, 1-22-08

Official Disability Guidelines (ODG) Indications for Surgery – Discectomy
/ Laminectomy (excluding fractures); Fusion Anterior Cervical

PATIENT CLINICAL HISTORY:

This claimant's injury occurred while pulling a sofa sleeper when the claimant fell. The claimant continues to complain of neck pain, left arm pain, shoulder pain, and headaches. The treatment has included injections, physical therapy, and medications. The claimant also has had surgeries – manipulation of shoulder under anesthesia, shoulder acromioplasty with clavicle resection, and repair of intrasubstance rotator cuff in 1-6-06. The following diagnostic studies have been done – cervical myelogram and CT (5-24-07), electromyography and nerve conduction velocity study. The treating physician requested for anterior cervical discectomy fusion at C4-5, C5-6 for this claimant.

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

In the opinion of the Reviewer, the proposed surgical procedures with the 3-day hospital stay for a 2 level fusion is medically necessary and appropriate for the claimant. The Reviewer determined that the procedures requested are consistent with the ODG – TWC Neck Guidelines / Indications for Surgery.

According to the Reviewer, the claimant meets ODG criteria for Indications of Surgery. The claimant has degenerative discs at C4-5 and C5-6 that would require anterior cervical fusion / instrumentation and discectomy. The claimant has failed lengthy conservative therapy. In line with ODG, there is evidence of cervical radiculopathy both by grade IV motor changes on physical examination, as well by electrodiagnostic testing. Further, the Reviewer noted the claimant has cervical instability with facet arthrosis changes at both C4-5 and C5-6 levels.

**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)