

Clear Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: MARCH 30, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

C3-C7 fusion (22554, 22585, 22851, 22851, 22851, 63075-59, 63076, 63076, 22842, 20936, 69990, 77003-26)

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

MD, Board Certified Neurosurgeon

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

Adverse Determination Letters, 2/18/08, 3/12/08

ODG Guidelines and Treatment Guidelines

MD, Neurological Surgeon ,01/10/2008, 2/28/08, 3/6/08

MRI of Cervical Spine, 1/31/08, 4/14/05

PhD, 9/12/07

Cervical Myelogram Post Myelogram CT Scan of the Cervical Spine, 5/17/06

MD, 10/19/07, 9/17/07, 12/7/07, 8/17/07, 8/20/07, 6/25/07, 5/21/07, 4/30/07, 4/9/07

Dr., MD, 4/12/06

MRI of Thoracic Spine, 4/14/05

IRO Summary, 3/20/08
References for Screening Criteria, Provided by URA
MD 9/21/05
MD, 10/3/06
MD, 2/28/05
MD, 4/19/05, 4/25/05, 4/28/05, 5/5/05, 5/10/05
1/25/06
MD, 3/27/06
X-ray, Lower Spine, 3/21/05
X-ray Thoracic Spine, 3/21/05
Employers First Report of Injury, xx/xx/xx
Associate Statement
2/28/05, 3/7/05, 3/11/05, 3/18/05, 3/21/05, 3/26/05, 3/28/05, 04/06/05, 04/13/2005, 04/15/2005
PT evaluation/notes 4/1/05, 4/4/05, 4/6/05, 4/8/05, 4/11/05, 04/18/2005, 04/20/2005, 4/29/05, 5/3/05,
5/6/05, 5/9/05
MD, 3/21/05
Accident Details Form, 4/19/05
PhD, 3/29/07, 4/2/07, 04/10/2007
Weekly Activity Logs, 2007
MD, 2/19/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient has a date of injury xx/xx/xx while she was stacking meat when a 25 lb case of meat dropped on her head. She complains of neck pain with right greater than left numbness and tingling. She particularly complains of right hand weakness. She participated in a chronic pain program and was noncompliant with treatment. It was felt that she had some secondary gain issues. She has had physical therapy, trigger point injections, TENS unit, nerve root blocks, and cervical ESI. An EMG/NCV of the upper extremities is normal. Neurological examination reveals a positive Spurling's to the right. There is decreased sensation to pinprick along the thumb base and index finger on the right. She has weakness in the right biceps and the left triceps. There are no long-tract signs on one visit, and on another visit, there were. MRI of the cervical spine 01/31/2008 demonstrates: at C3-C4: central disc protrusion slightly to the left with mild indentation of the ventral cord. C4-C5: disc protrusion eccentric to the right with possible right C5 nerve root involvement. There is subtle compression of the right ventral cord. C5-C6: There is mild flattening of the spinal cord from an osteophyte complex slightly more to the right. With a mild right foraminal narrowing. C6-C7: there is a large left paracentral and foraminal protrusion. A CT myelogram 05/17/2006 shows mild-to-moderate ventral impression on the thecal sac at C5-C6. The cervical cord is of normal configuration and caliber. The patient is a smoker.

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

The reviewer finds that C3-C7 fusion is not medically necessary.

It is unclear from the medical records that the patient is truly myelopathic.

Moreover, it is not reported from her neuroimaging that there is significant cord compression (which would render her myelopathic) at 4 levels.

Her exam, complaints, and neuroimaging are not all consistent with one another

2008 *Official Disability Guidelines*, 13th edition
"Neck and Upper Back" chapter; Decompression, myelopathy:

Recommended for patients with severe or progressive myelopathy with concordant radiographic evidence of central spinal stenosis.

Variables to be considered when surgery is planned for myelopathy: (1) Level/levels of involvement: Most surgeons prefer an anterior approach for one to two-level involvement, and laminectomy has been recommended for four or greater levels; ([Yonenobu, 1985](#))

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)