



DATE OF REVIEW: 03/30/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Decompressive posterior cervical laminectomy, C5/C6 and C6/C7, with lateral fusion.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., orthopedic surgeon with extensive experience in the evaluation and treatment of spine-injured patients

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. ZRC forms
 2. TDI forms
 3. Denial letter to M.D. on 02/04/08
 4. Denial letters to, 02/21/08 and 12/12/07
 5. Carrier records
 6. Memo Source, , R.N., dated 02/20/08
 7. Fax cover from, M.D.
 8. Office notes dated 02/26/08
 9. CT myelogram dated 10/22/07 and 12/12/07
 10. Imaging report dated 10/22/07
 11. , M.D. clinical notes, multiple between 11/08/07 and 02/26/08
 12. Physical therapy prescription and evaluation
 13. Home exercise program
 14. Itemized physical therapy treatment
 15. Outpatient physical therapy progress notes
 16. Workers' Compensation surgery request
- ODG Guidelines were not presented by the carrier.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate xx-year-old male underwent two-level cervical fusion in the year 2005. The levels were C5/C6 and C6/C7. The circumstances of that surgery are not documented. The initial result of that surgery was beneficial, and his symptoms apparently were significantly improved. However, there has been a recurrence of symptoms or new symptoms have occurred, and a surgical recommendation has emanated. A CT myelogram was suggestive of some degenerative changes as a result of the fusion. The fusion mass was felt to be intact, and no instability was documented, though some canal stenosis was suggested. The physical findings provide no physical findings suggestive of radiculopathy, though symptoms of bilateral arm pain are suggestive. The request for posterior cervical decompression and lateral plate fusion at the same two levels as previously and successfully fused have been denied on two occasions. The denials have been principally as a result of the patient not meeting criteria established by the ODG Guidelines.

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

There are no physical findings documented suggestive of compressive neuropathy. The only problems that have stimulated a recommendation for further surgery have been pain. The patient stands 74 inches and weighs 300 pounds. His BMI is 38.5, and he clearly qualifies as obese by BMI criteria. This excess of cervical surgeries performed for a primary diagnosis principally of pain suggests there is a less than 50% chance for success, especially in the Workers' Compensation population.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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, 2008, Neck and Upper Back Chapter, page 1210, Fusion, Posterior Cervical
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).

_____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)