Name: Patient_Name

Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 11/7/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
ACF C5-6, C6-7 and 3 day LOS (63081, 63082, 22554, 22585, 22851, 22845)

QUALIFICATIONS OF THE REVIEWER:
This reviewer graduated from University of Maryland School of Medicine and completed training in Orthopaedics at University Hospital at Case Western Reserve. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 2004.

REVIEW OUTCOME:
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

ACF C5-6, C6-7 and 3 day LOS (63081, 63082, 22554, 22585, 22851, 22845) Upheld

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:
The injured employee is a male employee presented with right C6 radicular syndrome. He had a cervical MRI and CT/myelogram. EMG/NCS demonstrated mild right C6 radiculopathy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The clinical documentation was reviewed including clinical exams, pain MD reports, and radiology reports. The employee was injured on xx/xx/xx. He had initial right radicular symptoms and underwent conservative treatment including epidural steroid injections, medications, and physical therapy.

The injured worker received 2 C6 selective nerve root blocks, with the first providing up to 70% relief according to note from Dr. dated 6/18/08. The note also indicates that the injured worker has no radicular complaints at that time. The patient is a 2 pack per day smoker, attends AA, and has had psychotherapy evaluations. He is at risk for pain medication dependency and with his behavior pattern could not quit smoking cold turkey as was suggested in note from COPE 9/9/08. In addition, there were no results provided from the drug screen they planned to order. Smoking adversely affects fusion rates and the injured worker should be in a smoking cessation program prior to surgery.

Clinical notes from pain management and Dr. do not indicate current radiculopathy or cervical myelopathy.

The injured worker most likely aggravated pre-existing cervical degenerative changes with his injury. On 2/4/08 a MRI on the C5-6, 6-7, 8-T1 neural foramen patent showed very mild disc protrusions. There had been no aggravating circumstances since the MRI. Based on ODG guidelines, the requested procedure cannot be deemed medically necessary. Therefore, the previous denial is upheld.

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
X 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
X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Bose B. Anterior cervical instrumentation enhances fusion rates in multilevel reconstruction in smokers. J Spinal Disord. 2001 Feb;14(1):3-9.

Samartzis D, Shen FH, Matthews DK, Yoon ST, Goldberg EJ, An HS. Comparison of allograft to autograft in multilevel anterior cervical discectomy and fusion with rigid plate fixation. Spine J. 2003 Nov-Dec; 3(6):451-9.