



Notice of Independent Review Decision
PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 9/12/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Spinal Surgery (LOS)

QUALIFICATIONS OF THE REVIEWER:

This reviewer attended Boston University before graduating from Emory School of Medicine in Atlanta, Georgia. This reviewer did their residency in neurosurgery and a fellowship in pediatric neurosurgery at the Children’s National Medical Center in Washington, DC. This reviewer has had numerous publications and is an active member of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons. This reviewer is a licensed medical doctor in five states.

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)
- part) Spinal Surgery (LOS) Upheld

INJURED EMPLOYEE CLINICAL HISTORY

[SUMMARY]:

The injured employee is a xx year old male with complaints of chronic pain experiences in his neck, lower back, and right leg. In xxxx, an operation as performed on the employee's lumbar spine with posterior lumbar interbody fusion and modified Wisconsin Keene technique. The employee was injured in a motor vehicle accident involving a company vehicle on xx/xx/xx. He is now complaining of neck and bilateral arm pain, left greater than right. He has had epidural steroid injections. There are parasthesias in the C6-C7 distribution on the left. There are decreased biceps jerks bilaterally and weakness in elbow flexion and wrist extension on the left. Electrophysiologic studies were done 10/25/2007. This showed no evidence of upper extremity radiculopathy. MRI of the lumbar spine from 07/11/2007 reveals at C5-C6 moderate stenosis with some signal change that could be myelomalacia or signal artifact. There is also mild-to-moderate foraminal narrowing. At C6-C7 there is borderline mild stenosis. There is moderate central stenosis seen at C3-C4 and C4-C5. The provider has recommended spinal surgery, involving anterior cervical discectomy and fusion at C5-C6 and C6-C7.

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

The anterior discectomy and fusion at C5-C6 and C6-C7 is not medically necessary. The claimant has objective evidence of a C6 radiculopathy; weakness in biceps and wrist extension on the left. There is no objective evidence that he is symptomatic from the C6-C7 level, given normal neurological exam and EMG's. According to the Official Disability Guidelines, there should be objective evidence of a radiculopathy prior to undergoing decompression of a nerve root in the cervical spine. "There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level." Therefore, the surgery, as a whole, is not medically necessary, as it is not clear that the claimant is symptomatic from the C6-C7 level. The previous denial is upheld.

Name: Patient_Name

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

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)