C-IRO Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/04/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
2-3 Day LOS; Anterior Cervical Discectomy Fusion with Instrumentation C4-C7

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., board certified in Orthopedic Surgery

REVIEW OUTCOME:

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

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
1. Adverse Determination letters, 06/15/09, 07/16/09
2. Cervical spine 5 views complete, 06/26/08
3. Cervical myelogram with CT scan of cervical spine, 01/22/09
4. M.D., 06/16/09, 06/08/09
5. Pain Management Center 05/20/09
6. MRI scan of cervical spine, 11/24/08
7. Diagnostics, 10/06/08
8. Electrodiagnostic interpretation, 10/06/08
9. ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY
This is an injured worker who, according to the medical records, was injured on xx/xx/xx. He was stated to have weakness in the upper extremities and lower extremities and dragging his legs. He had a previous history of bilateral carpal tunnel syndrome. He has a myelogram/post myelogram CT scan and an MRI scan, both of which show some disc protrusions at C4/C5, C5/C6, and C6/C7 and a report of probable small myelopathic cord lesion at C4/C5. The treating physician has apparently measured the canal and states it is 10 mm, which is at a critical level but not below. Nevertheless, the patient does have MRI scan findings of some myelopathy. One of the reviewers denied this claim based upon the absence of myelopathic findings in the medical records. A subsequent medical record however notes that there are some hyperreflexic changes and clonus. The EMG does note C5 and C6 radiculopathy.

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

Based upon the most current note in the records stating that there is clonus and hyperreflexia along with myelopathy and the statement by the radiologist that there is moderately severe congenital stenosis along with the myelopathic changes at C4/C5 and with the severe stenosis at C6/C7 secondary to a large disc, the patient meets criteria for surgical intervention. He has the neurological deficits of clonus, hyperreflexia, and Hoffman's sign. Taking into consideration the objective finding of central canal stenosis at C4/C5, C5/C6, and C6/C7 with a congenitally small canal and myelomalcia changes at C4/C5, the proposed surgery meets the ODG criteria. For these reasons, the reviewer has overturned the previous adverse determination. The request conforms to generally accepted medical standards and ODG criteria. The reviewer finds that medical necessity exists for 2-3 Day LOS; Anterior Cervical Discectomy Fusion with Instrumentation C4-C7.

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

[ ] ACOEM-AMERICA 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

[X] 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)