

SENT VIA EMAIL OR FAX ON
Dec/07/2009

IRO Express Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/06/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ACDF at C5-6 and C6-7, Instrumentation with a Tether Cervical Plate and Screws

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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

OD Guidelines

Denial Letters 10/19/09 and 11/4/09

Dr. clinic notes 09/10/2009, 10/06/2009

Southwestern 8/17/09 thru 8/27/09

Radiology Report 9/21/09

Insight MRI of the cervical spine reports 8/17/09 and 8/13/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female with a date of injury xx/xx/xx, when she was driving a truck over a bump, which jarred her neck. Xx years prior she had a cervical injury with a C5 fracture. She complains of neck pain and tingling in her arms and hands. She has had physical therapy. Her neurological examination reveals a decreased biceps reflex on the right. She also has weakness in the right triceps. An MRI of the cervical spine 08/17/2009 reveals narrowing of the right C5-C6 neuroforamen with mild bilateral neuroforaminal narrowing at C6-C7. A CT myelogram 09/21/2009 reveals at C5-C6 moderate right neuroforaminal stenosis with bilateral moderate neuroforaminal stenosis at C6-C7. At C3-C4 there is grade I subluxation and moderate right foraminal stenosis. The provider does not believe she is symptomatic from the C3-C4 level, and is requesting an ACDF at C5-6 and C6-7 with instrumentation with a Tether Cervical Plate and screws.

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

The C5-C6, C6-C7 ACDF is medically necessary. The claimant has objective evidence of a C6 and C7 radiculopathy. Her neuroimaging correlates with his. She has failed conservative measures, including medications and physical therapy. She meets the ODG criteria for a cervical discectomy, listed. A fusion with palting is standard procedure with an anterior cervical discectomy, particularly at greater than one level of involvement. The surgery is therefore medically necessary.

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

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)