

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/26/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

discectomy, anterior, with decompression of spinal cord and/or nerve root (s), including osteophyctectomy, cervical, single interspace

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

Board Certified Orthopedic Surgeon

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

MRI cervical spine 03/05/08

Office note Dr. 03/08/08

Office note Dr. 03/10/08, 03/11/08, 03/19/08, 03/26/08, 04/07/08, 04/14/08, 04/18/08, 05/12/08, 05/27/08, 06/10/08, 07/01/08, 07/08/08, 07/22/08, 08/05/08, 08/22/08, 09/05/08, 09/26/08

EMG 03/11/08

Note from 03/12/08, 03/14/08

physical therapy note 03/13/08

Office note Dr. 03/28/08

Office note Dr. 06/03/08, 07/31/08, 09/04/08

Office note Dr. 09/25/08, 10/27/08, 12/08/08, 01/06/09

Cervical MRI 11/26/08

Myelogram CT cervical spine 11/26/08

Operative report 12/29/08

Peer review Dr. 01/09/09

Peer review Dr. 01/27/09

PATIENT CLINICAL HISTORY SUMMARY

This is a xx-year-old male with complaints of neck pain and right upper extremity pain into his fingers. The MRI of the cervical spine from 03/05/08 showed diffuse cervical spondylosis,

uncovertebral hypertrophy, facet arthrosis, and multi level bulging disc/osteophyte complexes. Mild to moderate spinal canal narrowing was seen at multiple levels greatest at C5-6 and C6-7. Areas of moderate to severe neural foraminal narrowing were seen at several levels, greatest at C6-7. Subtle minimal cervical spinal cord flattening was also seen at C6-7. The electromyography from 03/11/08 showed acute right C5 radiculopathy on the right. Dr. evaluated the claimant on 09/04/08. The claimant had good strength. Dr. re-reviewed the MRI and felt that it showed no significant compression of the nerve roots or spinal cord and felt that it was over read by the radiologist. Dr. noted that the electromyography showed C5 acute radiculopathy on the right but when he looked at the raw data all the changes were on the left side, which did not correlate with his studies, which in fact did not show any abnormalities whatsoever.

Dr. evaluated the claimant on 09/25/08. Spurling's was negative. There was decreased sensation on the left side at C5 and C7. Deep tendon reflexes were intact. Four views of the cervical spine showed evidence of degenerative disc disease at C6-7 and no instability. The cervical myelogram from 11/26/08 showed mild to moderate degenerative changes at C6-7. The myelogram CT of the cervical spine, same day, showed mild to moderate degenerative changes at C6-7 with mild posterior spondylosis indenting the anterior thecal sac. Spondylosis also caused mild narrowing of the neural foramina bilaterally, slightly greater on the right. No evidence of disc protrusion was reported. Dr. reviewed the CT myelogram on 12/08/08 and felt that it showed mild to moderate degenerative changes at C6-7 and posterior spondylosis indenting the anterior thecal sac causing mild narrowing of the neural foramina bilaterally slightly greater on the right. Impression was cervical radiculitis right upper extremity, cervical stenosis bilateral neural foramina at C6-7, and left greater than right neural foraminal narrowing at C3-4 thru C5-6. Dr. recommended a C6-7 selective nerve root block, which was done on 12/29/08. On 01/07/09, the claimant reported improvement following the injection for 24 hours then the pain recurred. Dr. recommended anterior cervical discectomy and fusion at C6-7. The claimant has been treated with pain management, work restrictions, physical therapy, work conditioning, selective nerve root block, TENS, Flexeril, Motrin, morphine and Vicodin.

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

The requested C6-7 anterior cervical discectomy with decompression of spinal cord and/or nerve roots C6-7 is not medically necessary.

This claimant has had neck and arm pain for a year. There was a 03/05/08 MRI of the cervical spine documenting degenerative disc changes at multiple levels and a 03/11/08 EMG documenting an acute C5 radiculopathy. The medical record then documents multiple visits by different physicians who describe this claimant's ongoing neck and right arm radicular symptoms, yet there does not appear to be any documentation in the medical record of a right-sided neurologic deficit.

There is an 11/26/08 CT myelogram cervical spine report that describes degenerative changes at C6-7 with mild neural foraminal narrowing, but this report does not describe nerve root impingement or underfilling of the nerve root sheaths.

This claimant did undergo a selective nerve root block C7 right, which improved the pain for 24 hours, but it is not clear at what percentage the claimant's pain was improved or whether it was improved enough to not continue to need the chronic medications this claimant appears to have been given in the past.

ODG guidelines document the use of cervical discectomy in patients who have radicular sensory symptoms or a positive Spurling's test, have motor or reflex changes, and whose imaging correlates with symptoms. If there is no evidence of a neurologic deficit, then a selective nerve root block should be done, and the block should reduce pain in the abnormal nerve root at least 75 percent for the duration of the local anesthetic. However, while in this case there is no clear evidence of a neurologic deficit and the claimant did have reported

right arm symptom improvement following the block, it does not say in the medical record at what level the improvement occurred and whether it was 75 percent or more.

Therefore, based on review of this medical record, the requested surgical intervention is not medically necessary until it can be determined as to how much the improvement occurred at the time of injection.

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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