

SENT VIA EMAIL OR FAX ON
Jan/12/2009

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/12/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior Cervical Decompression and Fusion C5-C7 with Planting and Alograft with 2 day inpatient stay

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

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a xx year old female with an injury date of xx/xx/xx when she slipped and fell, grabbed a counter with her right hand and hyperextended her right arm. She had the onset of cervical and right upper extremity pain. Cervical MRI on xxxxx showed a mild disc bulge at C4-5 causing mild spinal stenosis; a broad based central disc protrusion at C5-6 causing moderate spinal stenosis and flattening of the ventral surface of the cord and mild diffuse disc bulge at C6-7 causing mild spinal stenosis.

A cervical epidural steroid injection and right shoulder injection was given on 10/08/07 with documentation by Dr. of 3-4 days of benefit with the cervical epidural steroid injection but then a return of pain. The shoulder was markedly improved with the intra-articular injection.

An 11/06/07 cervical myelogram showed a large ventral impression on the thecal sac at C5-6 and a moderate sized ventral impression at C6-7; the root sleeves were well filled at both levels. The post myelogram CT scan showed spondylosis at C5-6 and a broad based central disc protrusion. There was a severe spinal stenosis and a moderate degree of cord compression more apparent in the midline. At C6-7 there was a diffuse spondylosis and bulging of the annulus resulting in a moderate spinal stenosis and a minimal cord compression. The claimant required an epidural blood patch for a spinal headache following the myelogram.

On 11/20/07 Dr. evaluated the claimant for neck and right arm pain. The diagnosis was spinal cord compression at C5-6 and C6-7 with evidence of primarily C6 and C7 radiculopathy on the right side. He felt that the claimant had a combination of disc herniation and spondylosis that was causing spinal cord compression. The physician recommended anterior cervical discectomy and fusion at C5-6 and C6-7.

A psychological evaluation on 01/07/08 by, Ph.D., indicated that the claimant was in need of psychological and behavioral presurgical preparation. He recommended restarting Cymbalta to address depression and anxiety and he recommended 4-6 sessions of behavioral pain management training prior to surgery with continuation after surgery to address issues impacting her recovery.

The records lapse between January 2008 and August 2008 at which time the claimant was seen at Family Medical for cervical spine and right shoulder pain and was referred for spine surgeon evaluation. On 9/18/08 the claimant was evaluated by neurosurgeon Dr. The claimant complained of neck pain with radiation into the right shoulder, the medial border of the scapula on the right and right upper extremity with associated numbness and tingling of the lateral arm into the first three fingers of the right hand. He noted that the claimant was status post physical therapy, epidural steroid injection and trigger point injections with no significant improvement. On exam the claimant had 4/5 strength of the biceps and triceps on the right. Reflexes were 1 plus in the right biceps. Spurling sign was positive bilaterally. There was a hypoesthetic region in the C6 and C7 distribution on the right to pin prick and light touch. Dr. noted that the MRI and CT/myelogram demonstrated a HNP at C5-6 and C6-7. At C5-6 there was a 4-5 mm disc protrusion with central canal and bilateral foraminal stenosis, right side greater than left. There was uncovertebral hypertrophy and osteophytic formation contributing to foraminal stenosis severe on the right. At C6-7 there was a 4 mm disc herniation again with bilateral foraminal stenosis right side greater than left, uncovertebral hypertrophy and osteophytic formation contributing to said foraminal stenosis, right side greater than left. The diagnosis was cervical radiculopathy, HNP at C5-6 and C6-7 and cervicalgia. Dr. recommended anterior cervical discectomy and fusion at C5-6 and C6-7.

A 10/15/08 presurgical behavioral evaluation noted that the claimant was psychologically stable enough to proceed with surgery. The surgery was denied on peer reviews dated 10/27/08 and 11/17/08. There was an interpretation of the diagnostic studies by Dr. on 11/12/08. Dr. authored a letter of appeal dated 12/15/08 in which he emphasized that the claimant had 4/5 strength in the biceps and triceps on the right and one plus right biceps reflex and a hypoesthetic region in the C6 and C7 distribution on the right. He noted that she

had failed conservative care, had positive imaging studies indicative and concordant to the areas of complaint to include evidence of severe spinal stenosis and spondylosis at the requested levels and psychological clearance for the surgical procedure.

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

Cervical discectomy and fusion is not medically indicated and appropriate with two day length of stay. Advanced imaging does not demonstrate a significant neural compressive lesion. There has been psychological evaluation which has ruled out confounding factors. The reports states that this is a disc protrusion and nerve studies have failed without any evidence of compromise. There is no progressive neurologic deficit or myelopathy noted. Conservative measures included physical therapy, epidural and trigger point injections without significant improvement. There is no instability, tumor, or infection. Based upon this information as proposed the surgery is not indicated and appropriate.

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)