

**NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION**  
*Workers' Compensation Health Care Non-network (WC)*

**01/27/2009**

**DATE OF REVIEW: 01/27/2009**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

ACDF C6-7 with HWR C5-6 with 3 day inpatient LOS

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

Texas State Licensed MD Board Certified Orthopaedic 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Assignment to 01/08/2009
2. notice of assignment of IRO 01/08/2009
3. Confirmation of Receipt of a Request for a Review by an IRO 01/08/2009
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 01/07/2009
6. appeal preauth UR adverse determination letter 12/23/2008
7. d initial preauth UR adverse determination letter 12/17/2008
8. IRO summary 01/12/2009
9. AAOS "Instructional Course Lectures Spine"
10. AAOS "Acute Neck Pain and Cervical Disk Herniation"
11. Fusion, anterior cervical
12. letter 01/01/2009
13. Work Status Report
14. Office note 12/04/2008
15. report 12/04/2008
16. Work Status Report 12/04/2008
17. note 12/01/2008
18. Work Status Report 11/25/2008
19. Occupational Assessment Services report 11/04/2008
20. Office note 11/03/2008
21. report 11/03/2008
22. letter 11/01/2008
23. Work Status Report 10/29/2008, 10/07/2008
24. Office note 10/06/2008

25. Work Status Report 10/06/2008
26. report 10/01/2008
27. letter 10/01/2008
28. Office note 09/22/2008
29. report 09/22/2008
30. Work Status Report 09/22/2008, 09/09/2008
31. letter 09/01/2008
32. report 08/27/2008
33. Office note 08/07/2008
34. report 08/07/2008
35. Work Status Report 08/07/2008, 08/05/2008
36. letter 08/01/2008
37. Testing 07/07/2008
38. Medical review report 06/11/2008
39. letter 06/01/2008
40. Work Status Report 06/02/2008
41. Medical note 05/20/2008
42. Work Status Report 05/20/2008
43. letter 05/01/2008
44. Work Status Report 05/01/2008
45. evaluation 04/24/2008
46. Medical note 04/17/2008
47. Work Status Report 04/17/2008
48. report 04/01/2008
49. report 04/01/2008
50. letter 04/01/2008
51. Work Status Report 04/01/2008
52. 03/01/2008
53. Work Status Report 03/07/2008, 02/20/2008
54. Medical review 02/17/2008
55. Medical note 02/09/2008
56. Work Status Report 02/09/2008
57. Medical note 01/26/2008
58. Radiology report 01/14/2008
59. Anesthesia report/records 01/14/2008
60. report 01/14/2008
61. letter 01/01/2008
62. Work Status Report 01/01/2008
63. Medical note 12/29/2007
64. Work Status Report 12/29/2007
65. letter 12/19/2007
66. Medical note 12/18/2007
67. Work Status Report
68. Medical report 12/18/2007
69. Work Status Report 12/18/2007
70. Medical evaluation 12/11/2007
71. Work Status Report 12/11/2007
72. 12/03/2007
73. Medial report 12/02/2007
74. 11/28/2007

75. Functional Capacity Evaluation 11/08/2007
76. lumbar & thoracic spine 11/02/2007
77. letter 10/31/2007
78. Work Status Report 10/31/2007
79. Work Status Report 10/20/2007
80. Employers First Report of Injury or Illness xx/xx/xx
81. initial exam xx/xx/xx
82. Physician Activity Status Report xx/xx/xx
83. Office note xx/xx/xx
84. daily progress notes 10/06/2008 through 10/26/2007

**PATIENT CLINICAL HISTORY:**

This individual was injured on xx/xx/xx. Subsequent to that, the patient has continued to have neck and bilateral arm pain. There is a discrepancy in some of the records as to whether the arm pain is a significant component of this patient's symptoms. Nevertheless, if the arm pain is significant, it is greater on the left than on the right. Exam has shown a depressed left triceps reflex. On occasion there has been decreased sensation in the C7 dermatome on the left side. A recommendation has been made to have this patient undergo surgery. The patient has previously had an anterior C5-C6 fusion. That had failed and required repair of a pseudoarthrosis.

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

Myelogram and post myelogram CT carried out on November 26, 2007. Changes at C5-C6 are noted. Specifically, there is mild stenosis with obstipation of the posterior longitudinal ligament and osteophyte formation. Although there is some ossification of the posterior longitudinal ligament at C6-C7, there is no description of nerve root compression. The electrodiagnostic studies show a right chronic C6 radiculopathy. This would not be in keeping with any left C6-C7 disc problem. The previous determination should be upheld based on Official Disability Guidelines.

**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
- AHCP- 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)