DATE OF REVIEW: 07/09/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Anterior cervical discectomy (C4-5, C5-6, C6-7)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
M.D. board certified in Orthopedic Surgery

REVIEW OUTCOME:
Upon independent review, I find that the previous adverse determination or determinations should be:

__X___Upheld (Agree)

_____Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	*Service Being Denied*	*Billing Modifier*	*Type of Review*	*Units*	*Date(s) of Service*	*Amount Billed*	*Date of Injury*	*DWC Claim #*	*Upheld Overturn*
729.4	***20936***		***Prosp.***						***Upheld***
729.4	***22851***		***Prosp.***						***Upheld***
729.5	***22585***		***Prosp.***						***Upheld***
723.1	***22554***		***Prosp.***						***Upheld***

INFORMATION PROVIDED FOR REVIEW:

1. Case assignment.
2. Letters of denial and 05/08 & 06/12/09, including criteria used in the denial.
3. Neurosurgeon's evaluation and office visits 02/24, 03/10, 04/30 & 05/22/09.
4. Radiology reports 03/17, 03/19, 04/22 & 05/15/09.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
This is a gentleman who was on the job when he was run over by a forklift. He stated in his medical records that he complained of having pain in his cervical spine radiating to both shoulders. Both knees were also in pain as well as the lumbar spine. He had complaints of neck pain radiating to the shoulders, low back pain, unsteady gait, and some tingling in his hands bilaterally. There was also questionable tingling in his legs, which was not verified in the records provided. The review of systems and complaints of the studies performed on MRI scan of the cervical spine and also CT scan of the cervical spine. An EMG/nerve conduction study of the nerves of the cervical spine was also performed. There was also a chiropractic evaluation of the patient.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:
The review of systems failed to evaluate and find deep tendon reflexes changes of the upper extremity, nor was there any atrophy involving the areas of the upper extremity or muscles around the neck, and the electromyographic study failed to show positivity to any form of nerve root such as C5, C6, C7, or any of

the upper spine peripheral nerves to be abnormal to possibly indicate any formal need for surgery. The guidelines put out by the American Medical Association for the evaluation of Workers' Compensation injuries suggests strongly that surgical candidate should have a clear-cut history of physical related to a radicular nerve root where one can see deep tendon reflexes changes, atrophy in musculature, and signs of radiculopathy and pain related to a certain dermatome, which would benefit for surgery if that what is the desire of the provider. This was not substantiated either in the history or physical or any of the studies that were performed. The American Medical Association states clearly that the above objective and clinically correlated signs must be evidential and able to be evaluated by other doctors before a surgical procedure can be deemed allowable by the American Medical Association guidelines and also in probability of getting a good result, which is very important from the patient's point of view.

I have been charged to evaluate the suggestion of surgery by the treating physicians, and I am upholding the previous refusal for the surgery on 05/08/09. My reason for doing so is as above indicated in that the surgical requirements should be a good history and physical, which has clinically correlated results and can be backed up by objective studies such as EMG/nerve conduction study, CT scan, MRI scan, and myelogram CT scan. All of this was not thoroughly done.

I am also denying the surgery because of inadequate indication of non-operative treatment and failure of non-operative treatment, which would also indicate the need for surgery.

The existing myelogram and CT scan are reviewed and do show spondylosis and central canal stenosis. However, these are discussed in the literature and are considered to be spondylitic in nature and are not signs of having any trauma related to any specific date or injury. One can conclude that there was no indication of motor unit integrity loss, no fractures, no clear-cut radiculopathy, and no clear-cut long tract signs. Neurological evaluation revealed good gait, even though unsteady gait was complained about. .

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

_____ACOEM-American 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
_____Mercy Center Consensus Conference Guidelines.
_____Milliman Care Guidelines.
_XX__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 national accepted medical literature (provide a description).
_____Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)