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Notice of Independent Review Decision

**DATE OF REVIEW:** June 15, 2009

**IRO CASE #:**

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

Anterior cervical discectomy with fusion, C3-4 and C6-7.

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

Diplomate, American Board of Orthopedic Surgery

**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:**

The patient is a male who was punched in the face by a coworker on xx/xx/xxxx. He was seen two days later at Medical Centers where he denied loss of consciousness, dizziness, or headaches. The request is for a C3-4 and C6-7 anterior cervical discectomy and fusion. However, the physical findings are inconsistent and at variance with imaging studies and electrodiagnostic studies.

For instance, M.D., neurosurgeon, described weakness of 4/5 on the right deltoid, biceps, triceps, pronator and supinator muscles, however, at the same time reported there was give way, which is not a normal response to manual muscle testing. He also stated that the patient had an ataxic gait, however, later under cerebellar examination he stated “no ataxia.” Further, he described decreased deep tendon reflexes relating to the C4-5, C5-6, and C6-7 disc levels on the right, however, later another neurosurgeon, M.D. did not document reflex changes. Additionally, Dr. stated that there was decreased sensation over the C5, C6, and C7 dermatomes, however, did not describe where these sensory changes were. On the other hand, Dr. noted “intact sensation to light touch in the C5-T1 dermatomes.” However, on the third sentence, same paragraph, noted “decreased light touch sensation over the C7 dermatome.” M.D. noted only right C7 dermatome numbness; however, again these areas were not described.

Furthermore, the MRI of October 24, 2007 depicted multilevel spondylosis with mainly 2 mm bulges and a 1 mm bulge at C7. There was also a 3 mm degenerative anterior listhesis noted at C4-5. A follow-up MRI on July 22, 2008 did not describe a spondylolisthesis at any level. It did describe multilevel spondylosis and multilevel 3 mm bulges reported as herniations. There was a 4 mm diffuse herniation at C6-7. However, none of these imaging studies described any nerve root or cord effacement or displacement.

The last MRI noted “spinal canal dimensions appear generally adequate.” Therefore, there was no significant spinal stenosis. At variance is the fact that the surgeons keep referring to C3-4 as the area of instability and spondylolisthesis. However, first, there has been no documentation of abnormal motion and/or significant angular deformity at any level, and second, the level of listhesis per MRI report is the C4-5 level and not the C3-4 level.

The MRI reports do not support the physical findings, which are inconsistent and at times contradictory. The EMG study revealed acute bilateral C5 radiculopathy, which relates to the C4-5 disc level; yet, this level is not being addressed by any of the surgeons. It also reveals C3 and C8 nerve root irritation, however, does not indicate which side or if it is bilateral involvement.

Nonetheless, these findings implicate the C3 and C7-T1 disc levels. The C2-3 level has a central 3 mm “disc herniation” per MRI of July 2008 (The October of 2007 MRI stated that at this disc there was “no abnormality.”), however, the C7-T1 disc level is not addressed by either MRI. Additionally, there have been no positive physical findings pertaining to the C8 dermatome.

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

The MRI findings do not corroborate neither the electrodiagnostic studies nor the objective physical findings. The electrodiagnostic studies do not corroborate the objective physical findings, and the surgeons appear to be disregarding these findings. There is also inconsistent and contradictory findings in the medical records as noted above.

Finally, there is no documentation of instability at C3-4 or C4-5. The ODG does not recommend surgery in this type of setting (ODG, Neck Chapter, 2008). Also, based on my experience as a spine surgeon of 30 plus years experience, this patient is not a surgical candidate because of the presence of diffuse spondylitic changes, no MRI evidence of nerve root involvement, and no consistent clear cut evidence of a specific dermatomal involvement or neuromotion instability.

Therefore, in my opinion, the denial of anterior cervical discectomy with fusion, C3-4 and C6-7, should be upheld.

**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
- 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) Orthopedic Knowledge Update, Spine III and Instructional Course Spine Lectures by American Academy Orthopedic Surgeons, AAOS.
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)