

SENT VIA EMAIL OR FAX ON  
Jun/11/2009

## P-IRO Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jun/08/2009

**IRO CASE #:**

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

Inpatient length of stay for two (2) days for artificial disc replacement (ADR) at the C5-6 level

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

Board Certified Neurologist with 30 years experience in clinical practice

**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

Denial Letters 5/4/09 and 5/18/09

Back Institute 2/16/09 thru 5/18/09

4/20/09

MRI 2/25/09

Radiology Reports 1/12/09

PPE 2/27/09

**PATIENT CLINICAL HISTORY SUMMARY**

On xx/xx/xxxx, Ms. was injured in an auto accident. Details of the injury are not available. Her major complaint is persistent neck pain not responding to conservative treatment. Exam does not show motor or sensory deficit deficit, but ankle clonus and brisk reflexes are present. Also inability to do tandem gait is present. Decreased range of motion of the cervical spine flexion is demonstrated by a chiropractor. An MRI on February 25, 2009 revealed a 3mm disk protrusion at C5-6 with mild spinal stenosis.

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

This patient has early signs of myelopathy with no objective evidence for nerve root compression. There were relatively minor changes on MRI. It does not appear that a course of “conservative therapy” has been utilized. Also, nutrition and proper sleep patterns should be addressed. If “conservative therapy” is indeed unsuccessful, surgery would be indicated. The advantages of cervical disk arthroplasty over anterior cervical fusion are not yet fully documented but appear that they will be\*. Workers Comp patients appear to have lower success rate\*\*. The ODG does recommend this procedure after appropriate conservative therapy, but since this has not be exhausted the request is not medically necessary.

\*Comparison of adverse events between the Bryan artificial cervical disc and anterior cervical arthrodesis. PA, RC, KD. Spine. 2008 May 20;33(12):1305-12

\*\* Predictors of outcome after anterior cervical discectomy and fusion: a multivariate analysis. PA, BR, KD. Spine. 2009 Jan 15;34(2):161-6.

**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)