ZRC MEDICAL RESOLUTIONS INC

DATE OF REVIEW: 06/18/09

IRO CASE #:
DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:
Cervical spine surgery, specifically anterior cervical discectomy and fusion, C5/C6, with three-day inpatient length of stay

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spine problems

REVIEW OUTCOME:
"Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

__X __Upheld (Agree)

_____Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:
1. forms
2. TDI referral forms
3. Denial letters 05/01/09 and 05/14/09
4. Requestor records including multiple x-ray reports dated 11/09/08 from Hospital including CT scan of the thoracic spine, head CT scan, brain MRI scan, cervical spine CT scan, CT scan abdomen, and CT scan pelvis
5. Patient registration demographics, 04/22/09
6. Clinical notes, 04/22/09, M.D., with addendum
7. Chest x-ray report, 11/09/08
8. Three views of left knee, 11/09/08
9. Imaging MRI scan of cervical spine, 12/04/08
10. prescriptions, 04/22/09, for hydrocodone and Flexeril
11. Clinical notes, 03/24/09 and 03/25/09, , D.O.
12. M.D., 03/09/09
13. Epidural steroid injection followup
14. form 73 dated 12/09/09 and 04/22/09
15. URA records including MRI OA

16. Independent Review Organization reviews, 05/01/09 and 05/14/09
17. fax cover sheet, 05/12/09
18. Denial appeal and precertification request, 04/28/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
This unfortunate male suffered an injury to his cervical spine when he fell asleep and suffered a rollover accident in a semi-trailer/tractor truck. The date of the injury was 11/09/08. He was initially evaluated in the emergency room of Hospital. Multiple x-rays and special studies were obtained. He was discharged from that facility. The clinical note of 04/22/09 is the only evaluation provided by the requesting provider. The clinical note of 04/22/09 states the patient had received treatment including physical therapy and epidural steroid injections. He has had no relief of symptoms. His principle symptoms involve pain. He believes his activities are severely limited, and he has been unable to return to work. Physical findings reveal diminished range of motion of the cervical spine. He has some subjective numbness in the arms bilaterally. His range of motion of the upper extremity joints is without deficit. He had no Spurling's sign. He had no specific areas of weakness. The MRI scan of his cervical spine suggested degenerative disc disease with pathology at C3/C4 and C5/C6. A recommendation for anterior cervical discectomy and fusion at the level of C5/C6 has been made. Preauthorization was denied. Reconsideration was requested, and it too was denied.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:
It does not appear that the medical necessity or appropriateness for anterior cervical discectomy and fusion has been established. There are no electrodiagnostic studies documented. The physical findings are not confirmatory of radiculopathy, and the MRI scan as well as plain x-rays suggest the radiographic abnormalities are chronic, suggesting chronic cervical spondylosis.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:
(Check any of the following that were used in the course of your review.)

_____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.
__X __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.)