

SENT VIA EMAIL OR FAX ON
May/05/2009

P-IRO Inc.

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DATE OF REVIEW:

May/04/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

C4-7 Anterior cervical decompression and fusion with allograft anterior plate

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

Board Certified Neurosurgeon

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 3/16/09 and 4/12/09

EMG Report 1/15/09

Dr. 12/10/08

MRI of the cervical spine report 10/21/08

10/20/08 thru 12/10/2008, 02/26/2009, 3/11/09

2/24/09

Select PT 11/5/08, 11/17/2008, 12/4/08

Office 10/20/08 thru 4/15/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a date of injury xx/xx/xx, when he was under a motor home and hit his head on a jack. He complains of pain down the left arm. Thus far, he has had ESI's, medication and PT. An MRI of the cervical spine notes narrowing of the disc space at C4-C5 with a 4mm broad based disc bulge. There is moderate bilateral foraminal narrowing. At C5-C6 there are similar findings, except it is more prominent on the left side. At C6-C7 there is a 2mm broad based disc bulge with spondylosis and evidence of facet hypertrophy and foraminal encroachment, more prominent on the right. His neurological examination reveals mild weakness in the deltoid and finger flexors. There is a diminished biceps and brachioradialis reflex on the left. There is weakness of grip strength on the left.

Electrodiagnostic studies 01/15/2009 note no cervical radiculopathy on the right. There is a C6 radiculopathy on the left. There is a moderate ulnar neuropathy at the elbow on the right and mild to moderate median neuropathy at the wrist on the right. He smokes two packs a day for thirty-five years. The provider is requesting a C4-C5, C5-C6, and C6-C7 ACDF.

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

The surgery is not medically necessary, based on a careful review of all medical records. While there is objective evidence either on exam or by EMG of C5 and C6 radiculopathies, the pathology seen at C6-C7 is primarily to the right, yet there is no objective indication of a right C7 radiculopathy. According to the ODG, "Neck and Upper Back" chapter, neuroimaging must correlate with objective clinical findings of radiculopathy for each level undergoing a decompression in the cervical spine. These criteria are not met at C6-C7.

References/Guidelines

2009 Official Disability Guidelines, 14th edition

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)