

SENT VIA EMAIL OR FAX ON
May/06/2009

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/05/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Anterior Cervical Decompression Fusion C4-5

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

Board Certified Orthopedic Surgeon

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

MRI cervical spine, 08/10/06

Office note, Dr. 02/25/09

Adverse determination letter, Dr. 04/02/09

Adverse determination letter, Dr. 04/16/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male with a diagnosis of herniated nucleus pulposus at C4-5 with clinical C5 radiculopathy. The date of injury was on xx/xx/xx when an upper bunk fell on his head. He complained of aching pain in the suboccipital area with stabbing pain into his neck. He had numbness and tingling radiating up over both shoulders. He had an MRI of the cervical spine on 08/10/06, which showed a C4-5 central posterior herniation of the disc and a C5-6 broad based posterior bulging protrusion. The claimant was referred for a consultation with Dr. on 02/25/09 with continued complaints of pain. Per physician note electromyography revealed a C5 radiculopathy. He had been treated with anti inflammatories, muscle relaxants, pain medication and steroid injections in the past. Dr. has recommended an anterior cervical

discectomy with interbody fusion at the C4-5 level.

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

The requested C4-5 anterior cervical discectomy and fusion would appear reasonable based on the information provided.

The claimant has neck pain radiating to the shoulders. A previous MRI demonstrated a herniated disc at C4-5 with impression on the cervical cord. The claimant, by exam, has diminished deltoid strength, and the claimant has symptomatic paresthesias in the C5 dermatome. The claimant has reportedly failed anti-inflammatory medication, muscle relaxants, pain medications, steroid injections. It would therefore be appropriate to treat the claimant's C5 radiculopathy given the failure of conservative measures. Notably, the claimant's cervical pathology by MRI corresponds with physical exam findings, and there is a dermatomal pattern to the complaints. The request meets appropriate ODG guidelines for the surgery being requested.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates- neck and upper back

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)