

SENT VIA EMAIL OR FAX ON
Nov/18/2009

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Nov/18/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Anterior Cervical Discectomy and Fusion C4-T1 with 2 day inpatient hospital stay

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, 08/08/06
MRI Cervical Spine, 01/08/09
EMG/NCV studies, 01/29/09
Physical Therapy Progress Note, 07/27/09
Adverse Determination Letter, 09/21/09
Dr. – Letter of Appeal, Dr. 09/22/09
Adverse Determination Letter , 10/14/09
Dr. Office Records, 05/09/00 through 08/25/09
05/09/00 initial evaluation, 05/09/00
Office Notes Related to Cervical Spine, 12/13/05, 08/01/06, 08/08/06, 08/15/06, 08/23/06,
09/01/06, 09/19/06, 12/19/06, 03/20/07, 09/18/07, 12/18/08, 05/12/09, 07/09/09, 08/06/09,
08/25/09

PATIENT CLINICAL HISTORY SUMMARY

This male sustained injuries on xx/xx/xx when he was involved in a motor vehicle accident. Provided documentation revealed the claimant had undergone cervical MRIs on 08/08/06 and 01/08/09 that revealed multilevel disc degenerative and disc bulges with impingement as well as central canal and foraminal stenosis at C4-5, C5-6 and C6-7 levels with grade 1 spondylolisthesis of C7 on T1. The claimant had undergone a decompressive laminoforaminotomy on the left at C6-7 on 08/23/06 with complete resolution of his symptoms until 12/18/08. Conservative care included multiple medications and physical therapy. Flexion and extension x-rays were reportedly taken on 08/06/09 with no results provided in the reviewed records. The 08/25/09 record noted increasing diffuse bilateral upper extremity weakness and numbness with diminished bilateral reflexes. Dr. requested authorization to proceed with a 4 level fusion from C4 to T1 to treat the claimant's marked stenosis and degenerative post laminectomy spondylolisthesis.

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

Although radiculopathy has been considered in this case, the most recent electrodiagnostics of January 2009 actually do not confirm radiculopathy. There are no clear findings of myelopathy. There is no clear-cut instability from prior decompression.

Based on a careful review of all medicals records submitted, the Reviewer would not be able to recommend as medically necessary the extensive procedure recommended.

Milliman Care Guidelines® Inpatient and Surgical Care 13th Edition

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates: Neck and Upper Back – Fusion, anterior cervical

Fusion, anterior cervical:

- Cervical fusion for degenerative disease resulting in axial neck pain and no radiculopathy remains controversial and conservative therapy remains the choice if there is no evidence of instability.

Predictors of good outcome include:

- non-smoking, a pre-operative lower pain level, soft disc disease, disease in one level
- greater segmental kyphosis pre-operatively, radicular pain without additional neck or lumbar pain
- short duration of symptoms, younger age, no use of analgesics
- normal ratings on biopsychosocial tests such as the Distress and Risk Assessment Method (DRAM)

Predictors of poor outcomes include:

- non-specific neck pain, psychological distress, psychosomatic problems and poor general health

patients who smoke have compromised fusion outcomes.

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 KNOWLEDGBASE

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)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)