



Notice of Independent Review Decision

DATE OF REVIEW: 10/14/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior Cervical Discectomy & Fusion at C5-C6/C6-C7

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

Orthopedic Surgery

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Anterior Cervical Discectomy & Fusion at C5-C6/C6-C7 - UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Employer's First Report of Injury or Illness xx/xx/xx
- Physician Activity Status Report, Medical Center, 11/27/07

- Initial Medical Report, D.C., 12/04/07
- Pain Management Initial Evaluation, M.D., 12/04/07
- Correspondence 12/05/07
- Correspondence 12/26/07
- Follow Up Medical Report, Dr. 01/03/08, 03/24/08
- Functional Capacity Evaluation, D.C., 01/04/08, 03/24/08
- Pain Management Follow Up Evaluation, Dr. 04/01/08, 05/06/08
- Designated Doctor Evaluation, M.D., 05/09/08, 02/19/09
- Initial Medical Report, M.D., 07/15/08
- DWC Form 73, Dr. 07/29/08, 01/23/09, 02/20/09, 03/20/09
- X-rays of Lumbar and Cervical Spine, M.D., 07/31/08
- MRI Cervical Spine, M.D., 07/31/08
- MRI Lumbar Spine, Dr. 07/31/08
- Peer Review, D.O., 08/25/08
- Initial Consultation, M.D., 08/27/08
- Consultation, Dr. 10/20/08, 11/19/08, 12/22/08
- Request for Clarification, Dr. 11/19/08
- Consultation and Letter of Medical Necessity, M.D., 04/21/09
- Pre-Authorization Request, Dr. 04/23/09
- Authorization 04/26/09, 05/15/09, 05/29/09
- Follow Up Narrative Report, Dr. 05/09/09, 06/30/09, 07/28/09, 09/03/09
- Operative Report, Dr. 05/08/09, 05/22/09, 06/19/09, 07/02/09
- Pre-operative Nursing Notes 05/22/09, 06/19/09
- Procedure Record 05/22/09, 06/19/09
- Recovery Room Record, 05/2/09, 06/19/09
- Check Off List for Billing, 06/19/09
- Daily Progress Note, D.C., 06/30/09
- Phone Follow Up, Dr. 05/27/09, 07/29/09
- Follow Up, Dr. 07/28/09
- Orthopedic Consult, M.D., 08/18/09
- Case Summary Report, 06/11/09, 06/15/09
- DWC Form 73, Dr. 09/01/09
- Adverse Determination Letter 09/15/09, 09/24/09
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient was injured while pulling on a pallet with a pallet jack, when the jack broke resulting in the patient feeling a pull in his back. X-rays had been obtained. She had been prescribed physical therapy early in her treatment. MRI's were taken of the cervical and lumbar spine. She underwent three cervical Epidural Steroid Injections (ESI) and two lumbar ESI's, all with no relief. Her most recent medications were reported to be Lortab, Soma and Valium.

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

In my opinion, the anterior cervical discectomy and fusion at C5-C6 and C6-C7 is not medically reasonable or necessary.

The medical records provided for review did not clearly define physical examination findings that note a motor deficit or a reflex change that correlate with a cervical level, and ODG states there should be evidence of motor deficit or reflex change and positive EMG findings correlating with the cervical level. At this time there is not a motor deficit, a reflex change or a positive EMG finding correlating with the cervical spine levels of C5-C6 and C6-C7. The only indication of muscle weakness is a generalized statement that the patient has weakness in the upper extremity. There is no indication of a specific myotome that is weak, and there is no specific indication of a reflex change correlating with either the C5-C6 or C6-C7 cervical level.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- 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
- 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)**