

SENT VIA EMAIL OR FAX ON
Sep/01/2009

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/01/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior Cervical Discectomy with interbody fusion C4/5, C5/6, C5/7 with a three day inpatient 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

Office notes, Dr. 05/07/09, 06/16/09, 07/28/09, 08/04/09

MRI cervical spine, 07/24/09

Peer review, Dr. 07/31/09

Peer review, Dr. 08/07/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male injured on xx/xx/xx when he was struck on the head.

On 05/07/09, Dr. evaluated the claimant for cervical and bilateral periscapular pain. The examination showed moderate reduction of motion of the cervical spine. He had normal motor and reflexes. Spurling caused posterior neck pain. X-rays reportedly showed significant degeneration of the C5-6 disc space and lesser at C4-5. The impression was sprain and spondylosis. Celebrex, Skelaxin, and therapy were recommended. On 06/16/09,

the cervical pain was worse with pain in the occipital region and burning in the top of the head. The examination was unchanged. Injection, Vicodin and Lyrica were recommended.

A 07/24/09 MRI of the cervical spine documented a C3-4 protrusion. There was a C4-5 protrusion with mild central stenosis and mild bilateral foraminal narrowing. At C5-6 was loss of disc height and a disc protrusion with endplate osteophytes with no canal or foraminal stenosis. There was C6-7 loss of disc height and a protrusion with no canal or foraminal stenosis. The claimant has been seen several more times with no documented change in the examination. Surgery has been recommended but denied twice on peer review.

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

The imaging studies in this case review show aging changes with no clear cut neurologic compression, per the radiologist's interpretation. There does not appear to be any neurologic findings on examination. Extensive fusion for degenerative conditions is generally not recommended, as its benefit cannot be shown to be greater than the natural history of the condition.

The Reviewer would not recommend the proposed intervention as medically necessary based on the information provided.

Official Disability Guidelines 2009 Neck and Upper Back

ODG Indications for Surgery™ -- Discectomy/laminectomy (excluding fractures):

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)