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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/30/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Microsurgical anterior cervical discectomy and intervertebral body fusion at C6 using allograft bone bank augmented with anterior cervical plate inpatient 2-3 days (22554, 22845, 63075, 22851, 20931, 69990)

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

MD, 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

Denial Letters, 2/4/10, 2/24/10

2010 Official Disability Guidelines, 15th edition

M.D. 2/12/10, 1/25/10

2/3/10, 2/23/10

M.D. 1/12/10

Image, 1/12/10

Health Systems 12/16/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male with a date of injury xx/xx/xx , when he was taking down an O-ring and was struck by a chain that hit him on the neck as well as the right shoulder. He complains of cervical pain radiating to the right upper extremity and occasionally to the left shoulder. The pain is shooting with numbness and tingling on the index and middle fingers. He has had physical therapy, as well as cervical traction. His neurological examination reveals mild weakness of the right triceps and extensor pollicis longus, and digitorum communis. There is hypoalgesia and hyperesthesia in the C7 nerve root distribution. An MRI of the cervical spine 01/12/2010 reveals a right paracentral/intraforaminal disc extrusion at C6-C7, severely narrowing the right lateral recess and right neuroforamen. The claimant smokes one pack of cigarettes per day. The provider is requesting a microsurgical anterior cervical discectomy

and intervertebral body fusion at C6 using allograft bone bank augmented with anterior cervical plate; inpatient stay for 2-3 days (22554, 22845, 63075, 22851, 20931, 69990)

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

The claimant has objective evidence of a C7 radiculopathy. His neuroimaging is consistent with this. He has undergone cervical traction and physical therapy. According to the ODG, "Neck and Upper Back" chapter, "There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level". In addition, "an abnormal imaging (CT/myelogram and/or MRI) study must show positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings". The claimant meets these criteria. Even though he is a smoker, the surgery remains medically necessary, due to the neurological deficit that is present. The reviewer finds that medical necessity exists for Microsurgical anterior cervical discectomy and intervertebral body fusion at C6 using allograft bone bank augmented with anterior cervical plate inpatient 2-3 days (22554, 22845, 63075, 22851, 20931, 69990).

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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