



Southwestern Forensic
Associates, Inc.

Amended December 8, 2010

REVIEWER'S REPORT

DATE OF REVIEW: 12/03/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior cervical discectomy and fusion, C3/C4 and C4/C5

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering degenerative disc disease

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. SWF forms
2. TDI referral forms
3. Denial letters, 11/12/10 and 11/02/10
4. Requestor records
5. Clinical notes, M.D., 10/25/10, 09/27/10, and 08/23/10
6. Clinical notes, Clinic, M.D., 30 clinical notes between 07/24/03 and 06/19/09
7. Multiple letters for communication, five entries between 03/14/06 and 08/30/08
8. letter to Dr. 06/20/06
9. Estimate of Functional Capacity Evaluation, 06/20/06
10. M.D., 01/24/06
11. Computerized muscle testing and range of motion, 10/25/10
12. Denial letter, 10/07/10 for EMG/nerve conduction study, bilateral lower extremity
13. Diagnostics, EMG prescription
14. LS spine and cervical spine x-rays, undated

15. Cervical spine MRI scan, 06/07/07
16. Functional Capacity Evaluation, 07/25/05
17. Surgery registration, 10/28/10, anterior cervical discectomy and fusion
18. Denial letters, 11/12/10, 11/04/10, and 11/02/10
19. Multiple literature references, ICL Spine, OKU Spine, ODG Reference Cervical Disc and Fusion, abstracts from spine surgery literature for neck pain management with cervical discectomy and fusion, multiple references
20. Telephone conference report, 11/01/10
21. Request for treatment authorization form
22. URI records, multiple records which were poorly legible
23. Multiple TWCC forms 73, multiple TWCC forms 69
24. Cervical epidural steroid injections with caudal epidural steroid injections, 02/11/03, 03/06/03, 01/07/03
24. Caudal epidural steroid injection, 03/18/03
25. MRI scan, cervical spine, LS spine x-ray, MRI scan, lumbar spine, 11/27/02
26. LS spine x-ray 09/19/02
27. D.C., evaluation 01/09/03
28. transcription, undated
29. Medical Center face sheet, undated
30. Designated Doctor Evaluations, M.D., 04/29/05 and 10/29/05
31. Multiple anesthesia records
32. Pain Clinic record review, D.C., 04/02/03

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The examinee is a male who suffered a straining injury to both his cervical and lumbar spines on xx/xx/xx. He was lifting a heavy metal part and turned to place it on a table when he felt pain in the cervical and lumbar spine region. He has had persistent complaints of pain in the cervical spine radiating into both upper extremities, more severely on the right, and he has had persistent lumbar spine pain with radiation into both lower extremities. He has been evaluated by a number of physicians. He received extensive treatment provided through Dr.. His diagnosis has consistently been cervical strain and cervical spondylosis as well as lumbar strain and lumbar spondylosis. His most consistent complaints have been with the persistence of cervical spine pain in spite of treatment utilizing epidural steroid injections, activity modifications, and muscle relaxant medications. He has most recently been evaluated and felt to be suffering extensive degenerative disc disease in the cervical spine extending from level C3/C4 through C6/C7. He has had MRI scans which reveal disc bulging with contact to the spinal cord and no clear evidence of specific nerve root compression. Most recently he has been recommended an anterior cervical disc infusion procedure, C3/C4 and C4/C5. This recommendation has been considered and denied, reconsidered and denied.

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

This patient has suffered persistent cervical spine pain with bilateral upper extremity pain and tingling more severe on the right than the left. He also suffers lumbar spine. Unfortunately, it is not clear what level is the source of the severe pain. Multiple levels

of degenerative disc disease are present in the cervical spine resulting in a risk of worsening adjacent disc pain circumstances in the presence of what would be expected as a multilevel fusion. It would appear that the prior denials were appropriate and should be upheld.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Cervical Spine Chapter, Discography passage.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)