

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 01/09/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:**

Anterior cervical discectomy and fusion, C5 through C7, and 23-hour observation admission

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients with spine problems

**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. ZRC forms
2. TDI referral forms
3. Denial letters 11/17/09 and 12/04/09
4. URA records
5. MRI scan of cervical spine, 03/27/08
6. Clinic notes including 01/13/09
7. Cervical spine x-rays with question instability at C4/C5
8. Clinical notes dated 07/23/09, 08/05/09, 10/20/09
9. Operative report, 06/10/09
10. Cervical epidural steroid injection
11. Requestor records
12. Fax cover sheet with “To Whom It May Concern” letter, 12/29/09
13. Letter dated 08/13/08 scheduling appointment for Designated Doctor Evaluation
14. D.O., Designated Doctor Evaluation, 08/20/09
15. Fax cover sheet
16. MCN letter, 02/25/09
17. Occupational Health System Independent Medical Examination, 03/26/09, history and physical examination
18. Fax cover three and four
- 19 M.D., EMG/nerve conduction study, 01/16/09, 02/18/09
20. xxxxxxx, Exhibit A, M.D., 01/14/09
22. xxxxxx denial letter, 01/28/09, Exhibit B
23. Exhibit C, 01/19/09
24. “To Whom It May Concern” letter, 12/18/09
25. xxxxxxx fax cover, fifth fax
26. “To Whom It May Concern” letter, first report of injury

27. Multiple copies of Employer's First Report of Injury

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient is a female with current complaints of cervical and right arm pain. She apparently tripped over a cord on xx/xx/xx, falling to the ground with outstretched arms for protection. She suffered acute onset and chronic right arm pain and neck pain. She has undergone a number of physical examinations. The motor and sensory exam in the right upper extremity failed to reveal deficits. Deep tendon reflexes are reported as normal and symmetric. A cervical spine series of x-rays including flexion and extension lateral views obtained on 01/13/09 showed moderate disc space narrowing at the C6/C7 level with 1 mm anterior spondylolisthesis at C4 on C5 and approximately 1 mm to 2 mm instability with flexion and extension. MRI scan on 03/27/08 showed degenerative disc disease at C5/C6 and less severely at C6/C7. The patient has been evaluated by a number of examining physicians including Dr. and D.O. A request to preauthorize the performance of anterior discectomy and fusion from C5 through C7 has been considered and denied, reconsidered and denied.

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

The patient has degenerative disc disease which apparently has been worsened by an acute injury on xx/xx/xx. There are no objective physical findings of compressive neuropathy. The request to perform an anterior cervical discectomy is based on studies which at a minimal are as much as one year old. Treatment has consisted of nonsteroidal anti-inflammatory medication, physical therapy, activity modifications, and epidural steroid injections. Apparently there has been short term benefit. No lasting symptomatic relief has been achieved.

If, in fact, the C4/C5 motion segment is potentially unstable, if a fusion from C5 through C7 were to be achieved, it is highly likely that the patient would have symptoms of pain based on the instability at the adjacent motion segment, which would be under additional stress. It would appear that the prior denials of this request to preauthorize 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.
- 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.)