

C-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/21/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient interior cervical discectomy and fusion (ACDF) at C5-6 and C6-7

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

M.D., board certified in 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 10/22/09, 11/3/09
ODG Guidelines and Treatment Guidelines
M.D. 11/23/09, 10/27/09, 11/19/09, 10/15/09, 9/23/09
xxxxxt, 10/10/08, 9/12/09, 8/17/09, 7/31/09, 11/11/09
Health 10/12/09
xxxxx 9/17/08, 7/29/08, 9/16/08
X-Ray Report 7/24/08
M.D.P.A. 8/19/08
12/7/09
M.D. 10/14/09, 10/21/09
M.D. 9/14/09
Decision and Order 7/2/09
Review of Medical History and Physical Exam 5/21/09
M.D. 4/22/09, 2/25/09
M.D. 6/9/09
Operative Report, M.D. 8/18/09

PATIENT CLINICAL HISTORY SUMMARY

This male was injured on the job on xx/xx/xx. He has failed conservative treatment and underwent rotator cuff surgery on 08/09 without help, apparently with some belief it would

help with the pain radiating to his ring finger. He has had various clinical examinations, sometimes with a positive Spurling's and sometimes without. He has had negative EMG/nerve conduction study with no evidence of neurologic deficit and normal reflexes, sensation, and motor examination. He has had an MRI scan, which showed degenerative disease at C5/C6 and C6/C7. The other levels are unremarkable. The medical records contain multiple diagnoses of various sorts including classic nerve damage, rotator cuff problems, cervical radiculopathy, and chronic regional pain syndrome. The current request is for an anterior cervical discectomy and fusion.

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

The clinical findings in the claimant's case do not conform to the ODG Guideline requirements for cervical discectomy and fusion. The records reviewed indicate the claimant has degenerative disease at C5/C6 and C6/C7. However, the pain generators have not been identified. The reviewer could not find evidence in the records of selective nerve root sleeve blocks or attempts at provocative discography to help determine the diagnosis. Based upon the current medical records, the diagnosis as to the etiology of his pain is unclear. Because the diagnosis has not been clarified sufficiently, and because the ODG Guidelines for cervical discectomy and fusion have not been satisfied, the reviewer agrees with the previous reviewers and upholds the previous adverse decision. The reviewer finds that medical necessity does not exist at this time for Outpatient anterior cervical discectomy and fusion (ACDF) at C5-6 and C6-7.

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)