

SENT VIA EMAIL OR FAX ON
May/04/2010

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/04/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

C5-6 Anterior Cervical Discectomy with LOS 1 day

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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

Denial Letters 3/2/10 and 3/24/10

Dr. 2/9/10 thru 2/19/10

MRI 8/3/09

XR Spine 7/9/09

Emergency 7/9/09 thru 1/19/10

11/9/09 thru 12/16/09

Dr. 10/26/09

Pain Rehab 10/19/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female with a date of injury xx/xx/xx due to repetitive lifting and overhead lifting. She complains of mid back and neck pain. She also complains of some right arm and leg numbness. She has had PT, ESIs, and trigger point injections. Apparently she underwent EMG/NCV studies of the upper extremity in 01/2010 that were normal. Her neurological examination is normal, and she has a negative Spurling's sign. Apparently, an MRI of the

cervical spine 08/03/2009 shows moderate central canal stenosis at C5-C6 with some right lateral recess stenosis. However, the films are not submitted for review. A psychological evaluation 10/19/2009 expressed concerns for clinically significant emotional and behavioral problems. Further evaluation may be warranted, it went on to state. The provider is requesting a C5-C6 anterior cervical discectomy with a one-day length of stay.

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

The proposed surgery is not medically necessary. The claimant has no objective evidence of C6 radiculopathy on examination, as well as on EMG testing. There is also no clinical evidence of myelopathy. According to the ODG, "Neck and Upper Back" chapter, "There must be evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test

There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level." She does not have any of these. Moreover, there are also significant concerns for emotional overlay, based on a recent psychological evaluation. She therefore does not meet the ODG criteria for a cervical discectomy. The procedure is, therefore, not medically necessary.

References/Guidelines

Official and Disability Guidelines, "Neck and Upper Back" chapter

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)