

SENT VIA EMAIL OR FAX ON  
Oct/27/2010

## **P-IRO Inc.**

An Independent Review Organization  
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### **NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:**

Oct/26/2010

**IRO CASE #:**

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

M.I ACDF with Instrumentation C4/5 and C5/6 with 1 day LOS

**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 10/8/10 and 10/14/10

Dr. 6/23/10 thru 7/30/10

MRIs 6/29/10 and 9/16/10

Dr. 8/16/10 thru 9/16/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male with a date of injury xx/xx/xx, when he was moving and stacking wood desks. He complains of neck pain radiating to the left shoulder and both upper extremities, greater on the left. He has been wearing a soft cervical collar and taking medications. His neurological examination 09/16/2010 reveals weakness of the right biceps wrist extensors and handgrip. There is also a depressed right biceps and triceps reflex. An MRI of the cervical spine 06/29/2010 reveals at C4-C5: a minimal rightward neuroforaminal narrowing. At C5-C6 there is a left paramedian broad-based disc bulge creating minimal canal stenosis. Significant neuroforaminal narrowing is not demonstrated at this level. Another undated MRI

report reveals mild-to-moderate spondylosis, most notable at C4-C5. There is moderate narrowing of the lateral recesses bilaterally at this level. The provider is recommending a minimally invasive anterior cervical discectomy with fusion and instrumentation at C4-C5 and C5-C6.

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

The proposed surgery is not medically necessary. Although the claimant has objective evidence of C5 and C6 radiculopathies on examination, the neuroimaging studies submitted for review, do not demonstrate any significant neural compression, particularly at C5-C6. According to the ODG, "Neck and Upper Back" chapter, "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". In this case, it is unclear that the imaging findings correlate with the clinical picture. Secondly, there is little documentation that this claimant has undergone and failed all reasonable conservative measures for his condition. There is mention of medications, but it is unclear if he has undergone any physical therapy or injections. For these reasons, then, the requested procedure is not medically necessary.

**References/Guidelines**

*Occupational and Disability Guidelines, "Neck and Upper Back" chapter*

**ODG Indications for Surgery™ -- Discectomy/laminectomy (excluding fractures):**

**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)