

# I-Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Nov/17/2010

**IRO CASE #:**

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

Two level anterior cervical discectomy and fusion

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

M.D., Board Certified Orthopedic Surgeon and Spine Surgeon

**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**

Official Disability Guidelines

9/27/10, 10/11/10

M.D. 6/22/10 to 10/20/10

Imaging 5/24/10 to 6/9/10

MD 6/7/10

Dr. 4/12/10 to 7/22/10

Pain Institute 8/25/10

AR-CMI 11/2/10

Associate Statement 4/7/10

Health System 3/8/10 to 3/30/10

4/7/10, 4/8/10

MD 4/30/10 to 9/28/10

7/20/10

Pain Institute 8/25/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is an injured worker who has a documented left-sided C7 radiculopathy. The patient also has adjacent C5/C6 degenerative disc disease. A previous reviewer has denied the two-level fusion on the basis that the C5/C6 level does not have associated radiculopathy and, hence, does not conform to criteria in ODG Guidelines for fusion. Current request is for two-level discectomy and fusion for a left-sided C7 radiculopathy.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS**

#### **AND CONCLUSIONS USED TO SUPPORT THE DECISION**

As the treating doctor has noted, the previous reviewing physician had no problem with the diagnosis of a left-sided C7 radiculopathy. It is borne out not only by the clinical complaints but a physical examination. The patient had exhausted the ODG required and medically required conservative care. The issue is with a C5/C6 fusion for a C7 radiculopathy. It is this reviewer's opinion that the previous reviewer is correct that in a xx-year-old with an asymptomatic degenerative disc disease at C5/C6, a left C7 radiculopathy is not an indication for fusion. The claimant does not meet ODG criteria for a C5/C6 fusion simply because the physician elects to perform an anterior surgical approach. The reviewer finds that there is no medical necessity for two level anterior cervical discectomy and fusion.

#### **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)