

Envoy Medical Systems, L.P.
1726 Cricket Hollow Dr.
Austin, TX 78758

PH: (512) 248-9020
FAX: (512) 491-5145

Notice of Independent Review Decision

DATE OF REVIEW: 10/4/10

IRO CASE #:

Description of the Service or Services In Dispute
Cervical discectomy and fusion C 4/5 C5/6 with plating; LOS:3

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

Physician Board Certified in Neurological Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld	(Agree)
<input checked="" type="checkbox"/> Overturned	(Disagree)
Partially Overturned	(Agree in part/Disagree in part)

Description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse determination letters, 9/14/10, 8/30/10, 8/6/10
Clinical notes, Dr. 1/2010 – 8/2010
RME report 5/26/10, Dr.
Letter 3/18/10, Pain Solutions
Review 3/17/10, Dr.
EMG report 1/21/10
MRI cervical spine report 1/19/10
Cervical spine CT report 7/27/07
ODG guidelines

PATIENT CLINICAL HISTORY (SUMMARY):

The patient is a male who in xx/xxxx was thrown and landed on his right shoulder. He sustained a fracture of his right clavicle, and a fracture of the right fourth rib. Pain persisted and was also present in his neck. Poor clavicle healing led to open reduction and fixation of the clavicle on 6/5/06. In addition, shoulder surgery was performed in July 2007 because of persistent pain associated also with rotator cuff injury, which did not heal properly and had to be repeated. Cervical MRI on 1/19/09 suggested C4-5 and C5-6 difficulty of a chronic nature compatible with nerve root compression, especially on the right side. Electrodiagnostic testing on 1/21/10 showed bilateral C5 radiculopathy and right C6 radiculopathy. The patient's examination showed diminished ROM in turning to the right, with increased pain, and as is typical with foraminal stenosis on the side to which the head and neck is turned, and cervical spine trouble. There is weakness and atrophy in the right deltoid muscle. The EMG of the paraspinus muscles suggests C5 radiculopathy, which would not be involved from the more local problem in the shoulder region, including the clavicle fracture.

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

I disagree with the denial of the proposed surgery. The EMG shows bilateral C5 and right C6 radiculopathy corresponding to the patient's signs and symptoms. In addition, the examination shows atrophy of the muscles and weakness corresponding to the nerve roots, which hopefully would be cared for in the proposed surgery. ROM is typically limited to the side to which the pain is present, and this is present in this patient, indicating foraminal difficulty on the right side, which is his primary pain area of symptomatology. The patient's pain persists, despite multiple procedures, suggesting a source other than local trauma as the origin of his trouble, which may well be the cervical spine, with nerve root involvement.

DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- 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 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)