

SENT VIA EMAIL OR FAX ON

Oct/18/2010

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior Cervical Discectomy @C4-7, Additional Levels, Possible Cervical Corpectomy, Possible Additional Levels, Cervical Microdissection Technique, Cervical Arthrodesis @ C4-7, Additional Levels, Application of Intervertebral Biomachanical Device, Bone Graft, Instrumentation, Reduction of Cervical Subiaxtion @C4-7, Additional Levels, Inpatient Hospitalization 2 days

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

Board Certified Orthopedic 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

OD Guidelines

Job Description No Date

556 pages from Group 4/3/06 thru 9/29/10

Review: 09/09/10 and 09/20/10

Request for Medical Care: 04/17/06

MRI Report: 06/20/08 and 03/26/09

Computerized Motion Study: 10/23/08

Functional Capacity Evaluation: 08/31/09

Independent Medical Evaluation: 11/13/09 and 02/16/10

Office Note, Dr.: 01/12/10, 01/29/10, 05/05/10, 06/07/10, 06/08/10, 07/12/10, 08/16/10 and 09/13/10

Office Note, Dr.: 03/02/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female with a reported neck, left shoulder and left arm injury on xx/xx/xx when she slipped and fell while loading a truck and grabbed a line to hang onto. The initial treatment record was not available, but reference was made to use of medications and physical therapy. Documentation on 04/03/06 offered a diagnosis of cervical pain and radiculopathy. Cervical MRI evaluation performed on 04/17/06 showed mild mid cervical spondylotic changes without significant focal disc herniation and no spinal canal or foraminal stenosis; the C2-3 level was normal; C3-4 had mild posterior disc bulge without canal or foraminal stenosis; C4-5: posterior disc bulge with small posterior central annular tear and no canal or foraminal stenosis; C5-6 mild posterior disc bulge without stenosis; and C6-7 posterior disc bulge with small right paracentral protrusion and no significant stenosis. Reference was made to left shoulder MR/ arthrogram from 04/18/07 with findings of severe tendinosis and longitudinal tear of the long head of the biceps tendon. The claimant underwent left shoulder surgery in 2007. Left shoulder MRI on 06/20/08 documented type III acromion with small osteophyte impinging the subacromial space and rotator cuff with no rotator cuff tear. Reference was made to ongoing complaints of neck and left arm pain. Recommendation was made for Lyrica. Electrodiagnostic studies conducted on 08/06/07 were reportedly normal. Another left shoulder MRI was done on 06/20/08 with findings of type III acromion and small osteophytes. Cervical spine MRI from 03/23/09 showed mild multilevel spondylosis, disc bulges and uncovertebral spurring that resulted in mild foraminal narrowing at C5-6. A functional capacity evaluation conducted on 08/31/09 noted the claimant could function at the sedentary light physical demand level. Independent medical evaluation done on 11/13/09 was incomplete and referenced a designated doctor evaluation that assigned six percent impairment. On 01/12/10 the claimant was seen for decreased cervical motion and spasm. He was referred for orthopedic evaluation. On 01/29/10 it was noted the claimant needed a psychiatric evaluation and selective nerve root block for ongoing neck and shoulder pain. An independent medical evaluation completed on 02/16/10 referenced a psychiatric evaluation from 11/24/09 without a report available for review that noted anxiety and depression related to the injury with maladjustive coping skills. Prior reviews indicated findings of hypochondrias. The claimant was noted to be taking Ambien, Pantoprazole, Citalopram and Tramadol. She was allergic to Vicodin. Physical examination demonstrated the claimant was five foot one inch tall and weighed 213 pounds; sensation and reflexes were intact; and there was 5/5 upper extremity strength with some give way pain on the left. The claimant was diagnosed with cervical sprain strain and left shoulder internal derangement. The claimant was felt to be at maximum medical improvement and given 15 percent impairment. The evaluating practitioner indicated there were no records that indicated treatment for the cervical spine and the left shoulder surgery for the impingement should occur first followed by treatment for the neck.

Dr. saw the claimant on 03/02/09 with review of the cervical MRI with findings of C4-5, C5-6 and C6-7 contained disc herniations, stage II, with annular herniation, protrusion, desiccation consistent with grade I herniation and spinal stenosis. Physical examination demonstrated left shoulder impingement; paresthesia in the C6 and C7 distribution; weakness of elbow flexion, wrist extension and shoulder abduction; decreased biceps and brachioradialis reflex on the left; and positive trigger points on the levator scapular origin and mid portion of the left trapezius. Dynamic cervical radiographs noted C5-6 and C6-7 near bone on bone spondylosis and stenosis with C4-5 extension angle of 16 degrees. Dr. diagnosed cervical disc herniations with left upper extremity radiculopathy with failure of conservative care and left shoulder impingement. Recommendation was made for cervical surgical intervention with anterior cervical decompression and fusion from C4-7.

A designated doctor evaluation on 04/09/10 indicated the claimant continued use of medications and had ongoing complaints of left hand numbness. Physical examination demonstrated no tenderness, functional cervical motion, no instability, bilateral upper extremity strength of 4/5 with decreased left grip and intact sensation. The claimant was considered at maximum medical improvement with 11 percent impairment. On 06/07/10 the

claimant was noted to be taking OxyContin for ongoing pain complaints with constant numbness and tingling. The claimant was seen between May 2010 and September 2010 for ongoing shoulder and neck complaints. Continued use of OxyContin was noted. The majority of the records were illegible. Surgical intervention for the cervical spine continued to be recommended.

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

Request is for a multilevel anterior cervical discectomy C4 to C7. That would include C4-5, C5-6, and C6-7 (three levels) with possible cervical corpectomy, possible additional levels, cervical microdiscectomy technique, as well as an arthrodesis and possible additional levels.

This has been previously reviewed twice and denied. The injury was quite some time ago, occurring on xx/xx/xx.

The most recent cervical MRI was reviewed dated 06/26/09 with respect to requested levels. At C4-5, there was only slight narrowing and mild diffuse bulging, slightly more pronounced laterally. It should be noted that there was no significant stenosis either at C4-5. At C5-6, there was narrowing and desiccation with a bulge, however, no evidence of a herniation. At C6-7, there was desiccation without stenosis. The rationale for all levels included was not adequately expressed in the information reviewed. The claimant has underlying psychosocial issues. She was seen by Dr., a chiropractor, for a chiropractic independent medical examination and was deemed maximally medically improved.

The requesting physician is Dr.. There was only one note from Dr., dated 03/02/10, in which he states this individual has neck and left upper extremity pain. She was felt to have disc pathology and herniations at C4-5, C5-6, and C6-7. This would be not consistent with the MRI reports, which do not report herniations. The claimant had rather diffuse weakness.

This multilevel procedure cannot be considered medically necessary, as it is not supported by the clinical information and in that the imaging studies do not show significant impingement, which would account for symptomology.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates; Neck-Fusion and Discectomy
Milliman Care Guidelines, Fourteenth Edition; Cervical Fusion- Anterior

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 KNOWLEDGBASE

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)