

SENT VIA EMAIL OR FAX ON
Oct/08/2010

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Oct/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Anterior Cervical Disectomy Fusion @ C4/5 and C5/6 with 1 day inpatient stay

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
Dr. OV 10/20/09, 11/19/09,. 01/05/10, 02/16/10, 04/06/10, 05/03/10, 06/22/10, 08/16/10
Peer Review 08/31/10, 09/10/10
Operative report 11/11/09, 06/11/10
MRI cervical spine 10/09/09
MRI right shoulder 10/09/09
EMG/NVS 02/05/10
CT/myelogram 08/12/10
Computerized Muscle Testing / ROM 05/03/10, 08/17/10
Chest x-ray 11/11/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male claimant with reported right shoulder and neck pain after a motor vehicle

accident on xx/xx/xx. The diagnoses are of a right shoulder rotator cuff tear and herniated nucleus pulposus C4-5 with disc bulges at C5-6 and C6-7. A right shoulder MRI dated 10/09/09 showed a full thickness tear of the supraspinatus tendon. A cervical MRI dated 10/09/09 showed the central disc herniation at C4-5 and disc bulges at C5-6 and C6-7. The claimant subsequently underwent a right shoulder arthroscopic rotator cuff repair on 11/11/09 and continued treatment for posterior cervical spine pain.

A physician record of 01/05/10 noted the claimant with cervical tenderness, decreased cervical motion and decreased sensation in the lateral right upper extremity along with decreased strength as compared to the left. EMG/NCS findings of 02/05/10 showed evidence of C5 and C6 radiculopathy on the right along with mild bilateral carpal tunnel syndrome.

The claimant continued to report posterior cervical pain despite conservative care, which included medications and cervical epidural steroid injections. A CT myelogram of the cervical spine performed on 08/12/10 revealed right-sided foraminal stenosis C5-6 and C4-5 with some left sided foraminal stenosis at C6-7. A physician record dated 08/16/10 revealed the claimant with continued cervical pain with examination findings consistent with previous examinations. The diagnosis remained unchanged. Surgery in the form of an anterior cervical discectomy and fusion C4-5 and C5-6 was recommended.

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

Review of the records provided supports that the claimant is a gentleman with a reported injury of a motor vehicle accident, rear-ended. The airbags did not deploy. He was a restrained front seat passenger on xx/xx/xx.

The proposed surgery is not medically indicated or necessary at this time. It appears the recent CT myelogram shows pathology mainly at the level of C7, although previous MRI supported pathology at C4-5 greater than 5-6. EMG/NCS showed evidence of radicular irritation of C5 and C6. It appears that the claimant has been treated appropriately with conservative care with therapy, injection therapy and medications. Dr. on 08/16/10 showed the claimant offered decreased range of motion of the cervical spine, diminished sensation of the right lateral arm at C5 and right arm weakness. He felt that the claimant had a herniated disc at 4-5 with bulging at 5-6; right-sided radiculopathy and recommended ACD&F 4-5 and 5-6.

The claimant has multilevel degenerative changes of 4-5, 5-6, 6-7. CT myelogram confirms pathology greatest with stenosis to the left at C7, although clinically the claimant offers right sided radicular irritation. There is no evidence of motion segment instability noted. Fusing the two segments above the level of the pathology at C6-7 would be felt to cause a stress riser at that level. It is unclear if the claimant is a smoker and whether there are any psychological issues, which should be worked up preoperatively in planning.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, Neck and Upper Back: Fusion :

Milliman Care Guidelines. Inpatient and Surgical Care 14th Edition.

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)
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