

SENT VIA EMAIL OR FAX ON
Feb/04/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Feb/04/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
C4/5, C5/6 anterior cervical discectomy with fusion with spinal monitoring with a 3 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

PATIENT CLINICAL HISTORY SUMMARY

This is a xx-year-old right hand dominant female claimant with a reported neck and right shoulder injury that occurred while at work on xx/xx/xx from repetitive packaging and lifting of merchandise from shelves and a conveyor belt. She was diagnosed with right shoulder impingement syndrome and underwent right shoulder surgery on 02/07/06 along with a diagnosis of C4-5 and C5-6 herniated cervical discs with bilateral C6 radiculopathy. A 01/09/07 cervical MRI revealed disc protrusions at C4-5 and C5-6 contributing to variable degrees of neural foraminal narrowing of the central spinal canal. There was disc desiccation throughout the cervical spine with thinning of the discs at C4 through C7. EMG/NCV studies of the upper extremities completed on 02/21/08 revealed normal findings but a repeat EMG/NCV study completed on 11/25/09 revealed significant abnormalities in the left and right C6 prosperous muscles suggestive of bilateral C6 radiculopathy.

An exam completed by Dr. included documentation that the claimant had undergone a

designated doctor exam on 05/29/07 by Dr. who found the claimant had reached maximum medical improvement with a 9 percent impairment. It also indicated that Dr. re-evaluated her on 09/17/09 with the same determination. Provided documentation revealed the claimant treated with Dr. from 02/04/08 through the current 12/20/10 exam for ongoing neck and right arm pain unrelieved with extensive conservative care that included chiropractic care, multiple medications, activity modifications, time off work, physical therapy and cervical epidural steroid injections. The 12/20/10 clinical exam demonstrated absent right biceps and triceps reflexes. Authorization was requested to proceed with an anterior cervical discectomy and fusion at C4-5 and C5-6 with spinal monitoring and a 3-day inpatient stay.

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

The requested C4-C5 and C5-C6 ACDF with three-day length of stay is not medically necessary based on review of this medical record.

This is a xx-year-old woman who has had neck and arm symptoms for more than five years. She has undergone multiple diagnostic tests documenting degenerative disc change cervical spine with mild stenosis. She has undergone a couple of EMG's. The first February 21, 2008 EMG showed no evidence of radiculopathy, but a more recent November 25, 2009 EMG documented median and radial nerve abnormalities, ulnar nerve abnormalities as well as fibrillations of the paraspinal muscles and there is a discussion about the possibility of bilateral radiculopathies versus diabetes. There are multiple medical records from Dr. and only on October 25, 2010 does he appear to document some neurologic changes to include decreased right biceps and triceps reflex but otherwise there is no documentation of weakness, muscle atrophy, protective muscle spasm or sensation change.

Official Disability Guidelines document the use of cervical spine fusion in patients who have true neurologic deficit, progressive loss of function, failure of appropriate conservative care and abnormal diagnostic testing. They also discuss the use of psychologic evaluation prior to surgery.

In this case, it is actually not clear that the patient has undergone cervical spine epidural steroid injections, nor is it clear that she has had psychologic evaluation. Therefore, based on review of this medical record, the requested surgical intervention and length of stay is not medically necessary.

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)