

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 02/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

63075 – Anterior Cervical Discectomy @ C5-C6
22554 – Cervical Fusion @ C5-C6
22845 – Fixation Device
20938 – Spinal Bone Autograft
95920 – Addtl Level
95925 – Somatosensory Testing
99221 – Inpatient Hospitalization: 3 Days

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

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

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

It is determined that the:

63075 – Anterior Cervical Discectomy @ C5-C6

22554 – Cervical Fusion @ C5-C6

22845 – Fixation Device

20938 – Spinal Bone Autograft

95920 – Addtl Level

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99221 – Inpatient Hospitalization: 3 Days

are medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 01/25/2011
- Review outcome letter – 12/17/10, 01/06/11
- References For Screening Criteria – no date
- Independent Review Organization Summary – 01/26/11
- Employers First Report of Injury or Illness – 02/06/07
- Bona Fide Job Offer – Temporary Alternative Duty – 02/07/07, 03/15/07
- Notice of Disputed Issue(s) and Refusal To Pay Benefits – 10/07/08
- Office visit notes.– 02/05/07 to 05/23/07
- Physical therapy plan of care – 02/05/07, 03/01/07
- Pre-authorization Intake Form – 02/08/07
- Request for preauthorization for physical therapy – no date
- Initial evaluation for physical therapy – 02/08/07
- Daily Clinical Notes for PT – 02/08/07 to 05/04/07
- Physical therapy progress notes – 02/16/07 to 03/16/07
- Physical therapy discharge note – 03/19/07
- Report of MRI of the right shoulder – 04/23/07
- Report of MRI of the cervical spine – 04/23/07, 03/11/10
- Impairment Rating– 05/04/07
- Initial visit to chiropractor - 06/12/07
- Chiropractic Office Visit Record – 07/18/07 to 02/23/10
- Report of Medical Evaluation– 07/30/07
- Report of Physical Performance Exam – 08/07/07
- Office visit note– 08/21/07
- Report of consultation– 08/31/07
- Initial Behavioral Medicine Consultation– 09/24/07, 05/13/08
- Addendum to the Initial Behavioral Medicine Consultation– 09/24/07
- Certificate of Medical Necessity– 09/25/07
- Behavioral Medicine Evaluation– 09/25/07
- Report of electrodiagnostic exam – 10/26/07
- History and Physical– 10/26/07
- Individual psychotherapy note– 11/13/07 to 09/02/08

- Office visit note– 11/19/07 to 12/30/08
- Office visit notes– 12/11/07 to 06/10/08
- Pre-Surgical Behavioral Medicine Consultation– 01/09/08
- Report of Functional Abilities Evaluation – 02/19/08, 09/02/08
- Operative report for Myelogram– 03/07/08
- Report of post myelogram CT of the cervical spine – 03/07/08
- Behavioral Medicine Consultation Update– 05/13/08
- Report of MRI of the lumbar spine – 08/06/08
- Case review– 09/23/08
- Initial office visit notes– 10/14/08
- History and Physical– 11/11/08
- Individual Psychotherapy Re-assessment and Surgical Readiness Evaluation– 11/25/08
- Initial Consultation– 01/09/09
- Follow up office visit notes– 01/22/09 to 04/01/10
- Letter of medical necessity for Cymbalta– 01/26/09
- Operative Report for cervical epidural steroid injections– 01/27/09, 10/29/10
- Office visit notes– 05/05/09 to 12/07/10
- Pre-Surgical Behavioral Medicine Consultation– 05/26/09
- PEER to PEER review– 03/08/10
- Review of MRI of the cervical spine– 03/18/10
- Electrodiagnostic Consultation– 04/06/10
- Preauthorization request– no date

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on 01/15/07 when she suffered a straining injury to her right shoulder and cervical spine while working as a. She was moving a 20-30# bag of cat litter at her. She was initially treated with medications, physical therapy and activity modification. She underwent an MRI of the right shoulder and the cervical spine on 04/23/08 that revealed mild acromioclavicular joint degenerative joint disease with impingement, and rotator cuff tendonosis was diagnosed. The MRI also revealed C5-C6 degenerative disc disease with disc protrusion. She was placed at MMI as of 05/04/07 and was given a 7% WPI. The WPI rating was changed to 5% and the MMI date remains 05/04/07. The patient has been provided extensive evaluation and treatment by a number of physicians, chiropractors and psychotherapists. She has been provided extensive physical therapy, TENS unit, cervical home traction unit and cervical epidural steroid injections. The epidural steroid injections provided transient symptomatic improvement and an EMG/NC study on 10/26/07 revealed right C6

radiculopathy. A CT myelogram was performed on 03/07/08 revealing C5-C6 degenerative disc disease with left sided cord flattening. The patient has received a recommendation for single level C5-C6 ACDF on several occasions by several surgeons. The patient has recently complained of bilateral upperextremity pain, tingling and numbness and a repeat EMG/NC study on 04/06/10 revealed bilateral C6 chronic radiculopathy.

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

It would appear that this patient is suffering from chronic cervical spine pain as a result of C5-C6 degenerative disc disease. Her pain is persistent in spite of extensive non-operative treatment. She appears to be developing additional finding of left upper extremity pain and physical findings. She is suffering gradually worsening symptoms. The ODG, 2011 guidelines recommend the proposed procedure as an option when symptoms are persistent in spite of appropriate non-operative treatment. It is the opinion of this reviewer that this patient has suffered a worsening of her cervical degenerative disc disease at the time of her injury on xx/xx/xx. Her symptoms have persisted in spite of extensive non-operative treatment. She has physical finding, special imaging studies and electrodiagnostic studies to suggest pathology limited to C5-C6 with chronic C6 radiculopathy. The anterior cervical discectomy with cervical fusion and related procedures as described above are appropriate.

A 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)