

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: July 8, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; Cervical below C2. Dates of service from 05-20-2011 to 05-22-2011. CPT Codes: 22552, 22846, 22851, 22551, 20930 and 77002.

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

AMERICAN BOARD OF NEUROLOGICAL SURGERY

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

Medical records from the Carrier/URA include:

- Texas Department of Insurance, 06/14/11
- Associates, 12/17/08
- 10/29/10, 11/16/10, 12/07/10, 12/21/10, 02/15/11, 03/29/11, 05/10/11
- 10/29/10, 03/16/11
- M.D., 01/27/11
- Institute, 03/14/11
- 05/27/11, 06/06/11
- 05/27/11, 06/02/11, 06/06/11, 06/14/11

Medical records from the URA include:

- Official Disability Guidelines, 2008

Medical records from the Provider include:

- System, 09/22/08
- Radiology Center, 11/25/08, 11/26/08
- Imaging, 01/13/09, 06/01/10, 08/01/10
- Institute, 10/28/10, 01/24/11, 01/27/11, 03/14/11
- M.D., 01/27/11

PATIENT CLINICAL HISTORY:

This is a male who was basically well until xx/xx/xx, when he was struck by a 500-pound ball into his left arm while on the job. His left arm was cut significantly to the extent that it had to be amputated.

Since that time, the patient has complained of neck pain, back pain, low back pain, and bilateral leg pain. The patient has been followed as an outpatient by several physicians, including M.D., a neurosurgeon.

At this time, Dr. has requested an arthrodesis and anterior interbody including discectomy, osteophyctectomy, and decompression of the spinal cord and nerve roots from C4-5 to C5-6. There has been an independent review requested.

This patient has had multiple MRI scans of both the cervical and lumbar areas. Because of his traumatic injury in xxxx, the patient has been followed by the xxxx, in the psychiatry department at the medical school, for depression and insomnia.

The patient underwent physical therapy, as well as epidural steroid injections, which has not been helpful. The MRI scans of both the cervical and lumbar areas have shown multilevel degenerative disc disease and mild stenosis. An MRI of the cervical spine from January 27, 2011, revealed multilevel degenerative disc disease as well.

Dr. history and physical template revealed that the patient's left arm was normal; when, in fact, it had been amputated.

There was an MRI of the lumbar spine performed on January 12, 2009. This revealed a central annular tear at L5-S1, without any evidence of herniated disc and no evidence of stenosis.

There was an MRI of the cervical spine performed on January 27, 2011. This revealed mild diffuse bulges from C4-5 to C6-7, with very minimal stenosis and moderate narrowing of the bilateral neural foramina at C4-5, C5-6, and left C6-7.

As mentioned previously, the patient has been followed by the xxxx, in the psychiatry department at the medical school. On February 15, 2011, the patient was cleared for back surgery. Also, on March 16, 2011, the patient was cleared for back surgery in a letter by, M.D.

The patient was seen by Dr. on March 14, 2011. At that time, they were awaiting approval for his lumbar surgery, pending the psychiatric clearance.

The patient has had two previous reviews performed. There was one performed by an orthopedic surgeon in May of 2011. This was denied by D.O. an orthopedic surgeon. The surgery was denied basically because they were pending a psychological evaluation, but that had already been cleared several months prior to and was not approved.

There was another IRO for appeal performed on June 6, 2011, by M.D., American Board of Neurological Surgery, which I have reviewed. This was denied by Dr. because there was not enough information available.

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

I have reviewed all of the submitted records. There is confusion as to just what is the neurological level for this patient's complaints. The patient has an injury to his left arm with amputation. The examinee has had multiple evaluations, but no clear-cut radiculopathy has been established to correlate with the minimal findings of C4-5 and C5-6.

I uphold the adverse determination for lack of significant findings, both neurologically on examination, as well as on neural imaging.

It would be the benefit of this patient and all concerned that further diagnostic studies be considered, particularly a weight bearing cervical and lumbar myelogram and post myelogram CAT scan would be the most definitive study that would help define the need in addition to the patient's complaints and his neurological examination.

The decisions on this adverse determination are supported by the ODG Guidelines and that would be based on the patient's history and neurological examination with correlation of the MRI new findings as there is really no good history of radiculopathy.

Therefore, at this time surgery is not indicated, as discussed above, and a two-day length of stay is also not warranted as surgery is not indicated.

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)