



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 7/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

C5,6 and C6,7 ACDF

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in Orthopedic Surgery, fellowship trained in Hand and Upper Extremity Surgery

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

_____ Upheld (Agree)

X _____ Overturned (Disagree)

_____ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient was involved in xx at work over x years ago. He suffered an injury to the lumbar spine and cervical spine. He has undergone lumbar decompression. The patient has cervical disc disease with peripheral nerve root compression as well as evidence of myelopathy. He has failed extensive conservative management. He continues to have pain as well as neurological symptoms including weakness in both upper extremities. Anterior cervical discectomy and fusion at C5-6 and C6-7 has been denied by the insurance company.

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

Based on the medical records provided, the patient appears to be a candidate for anterior cervical discectomy and fusion at C5-6 and at C6-7. The patient's MRI findings as well as clinical examination are concordant. The patient has failed extensive conservative management. The patient has axial neck pain as well as referral neurological deficits that correlate with the levels. The two insurance company denials do not adequately explain why this patient is not a surgical candidate. The request is medically reasonable and necessary for this patient and meets the ODG requirements for ACDF surgery.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)