



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 06/03/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior cervical discectomy and fusion, C3 through C6, possibly including C7, including hardware and 1 day LOS.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spine problems

REVIEW OUTCOME:

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. SWF forms
2. Certification page
3. TDI referral forms
4. Denial letters, 04/12/11 and 05/06/11
5. Physician records
6. Clinical notes, 05/10/11, 04/19/11, 04/07/11, 03/03/11, and 01/27/11
7. MRI scan, cervical spines, 02/18/11
8. Cervical myelogram, 12/03/10
9. URA records
10. M.D., UR review, EMG/nerve conduction study, 12/06/10
11. Clinical notes, M.D., 05/05/11
12. Clinical notes, M.D., 04/08/09, 07/01/09, 08/19/09, 10/28/09
13. Operative report, cervical epidural steroid injections, 06/19/09 and 07/15/09

14. M.D., clinical notes, 10/11/07 and 11/19/07 (motor vehicle accident, 08/28/07)
15. Operative report, cervical epidural steroid injection, 10/25/07
16. Clinical notes, M.D., 10/22/07 and 11/26/07 related to motor vehicle accident 08/28/07
17. D.C., clinical notes, 09/18/07, 09/20/07, 09/24/07
18. MRI scan, cervical spines, 10/09/07
19. MRI scan, lumbar spine, 10/09/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a female who suffered two motor vehicle accidents, the first being xx/xx/xx and the second being xx/xx/xx. Both motor vehicle accidents were of the rear end variety, and she was tossed about in the cab of the motor vehicle in which she was riding. On the first she had cervical spine and lumbar spine painful problems, and with the second she has had principally cervical spine and upper extremity problems. She has had extensive conservative care including activity restrictions, medications, and physical therapy. The patient suffers multilevel degenerative disc disease with right neural foraminal narrowing at C5/C6 and a combination of osteophytes and disc bulging at a number of levels. Physical findings have revealed no clear evidence of radiculopathy, and an EMG/nerve conduction study failed to demonstrate evidence of a radiculopathy. The current request is for an extensive anterior cervical discectomy and fusion at multiple levels from C3 through C6, possibly including C7, and a one-day hospital length of stay. The request for preauthorization of such a surgical procedure was considered and denied, reconsidered and denied.

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

The extensive cervical surgery including anterior discectomy and fusion at levels C3/C4, C4/C5, and C5/C6 and possibly C6/C7 includes levels of cervical discectomy and fusion which are likely not pain generators. The inclusion of multiple probable asymptomatic levels is not supported by the clinical evidence. Inclusion of asymptomatic levels is not encouraged. The prior denials of this request for the anterior cervical discectomy and fusion from C3 through C6 and possibly including C7 was appropriate and should be upheld.

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, 2008, Cervical Spine Chapter, Discography passage.
- 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 (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)