

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 03/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

2nd Level Anterior Cervical Spine Fusion at C3-4 and C4-5, #63081, #63082, #22554, #22585, #22851, #22845, #20931, #95920, #20926

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 2nd Level Anterior Cervical Spine Fusion at C3-4 and C4-5, #63081, #63082, #22554, #22585, #22851, #22845, #20931, #95920, #20926 is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 03/08/11
- Decision letter– 01/24/11, 02/10/11, 02/14/11
- Letter from Utilization Management– 03/09/11
- Review decision letter from Institute– 09/01/10, 10/28/10, 11/15/10, 12/06/10, 01/21/11, 02/14/11
- Surgery Scheduling Slip/Checklist – 11/09/10
- Office visit notes by Dr. – 05/01/08 to 12/29/10
- Radiology report by Dr. – 09/10/09 to 12/23/09
- Consultation by Dr. – 03/28/08
- Procedure for discogram by Dr. – 11/03/10
- Office visit notes by Dr. – 09/21/10
- Report of MRI of the lumbar spine – 05/04/09
- Report of MRI of the cervical spine – 05/04/09
- Operative report for epidural steroid injections by Dr. – 04/19/10, 05/10/10
- Office visit notes by– 06/02/10 to 06/25/10
- Operative report for lumbar fusion by Dr. /Dr. – 07/06/09
- Report of aquatic rehab final by Dr. – 09/04/09
- Office visit notes by Dr. – 04/08/09 to 09/02/09
- Report of medical record review by Dr. – 02/03/09
- Letter from Dr. – 10/08/08
- Designated Doctor Evaluation by Dr. – 03/25/08
- Patient face sheet and doctor's order sheet Medical Center – 07/06/09
- Letter from Head & Spine Institute of to– 03/23/10
- Report of Intra-operative Neuro-Physiological Monitoring by Dr. – 07/06/09
- SOAP notes by Dr.– 01/04/10 to 10/09/10
- Pre-authorization request for cervical ESI – 07/13/10
- Peer Review Report from Solution – 07/14/10
- Psychological clinical interview by– 10/05/10
- Psychological testing results by– 10/05/10
- Report of neuro EMG by Dr. – 03/09/07
- Report of MRI of the cervical spine – 01/22/07
- Report of lumbar discogram – 08/03/07
- Report of CT scan of the lumbar spine – 08/03/07
- Operative reports for cervical epidural steroid injections by Dr. – 04/06/07, 04/20/07, 10/05/07, 10/19/07
- Letter of Clarification Response by Dr.– no date
- Worker's Compensation Initial Evaluation Report by Dr. – 01/18/07
- Adverse Determination– 11/18/10

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on xx/xx/xx when the that he was driving went off the road into a ditch and rolled over. He suffered left shoulder, cervical spine and lumbar spine injuries. He underwent arthroscopic surgery on he left shoulder in November of 2007. Apparently, he has residual deltoid atrophy and some diminished range of motion of the left shoulder. He underwent 360 degree lumbar fusion at L4-L5 and L5-S1 on 07/06/09. He reports significant benefit from his lumbar surgery. He has suffered persistent neck pain and upper extremity pain, numbness and tingling in his hands. His symptoms are more severe on the left compared to the right. Physical examination includes Spurling sign as being positive. An MRI dated 03/04/09 revealed C3-C4 osteophyte with mild central canal stenosis, right neural foraminal stenosis. At C4-C5, there was a 1mm disc protrusion with mild cervical canal stenosis and right foraminal stenosis. Abnormalities were also described at C5-C6 disc level. An EMG/NC study suggested radiculopathy right at C4 and C6. The patient's evaluation included a cervical discogram that revealed concordant pain at C3-C4 and C4-C5. He has received cervical epidural steroid injections with some transient symptomatic relief. The treating physician has recommended that the patient undergo a 2nd Level Anterior Cervical Spine Fusion at C3-4 and C4-5

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

The medical records do not include consistent documentation of cervical and upper extremity physical finding. The patient has been subjected to a number of studies. However, there are no reports of plain cervical spine x-rays with flexion and extension lateral x-rays. There is insufficient medical information to conclude that this patient's painful symptoms will be benefitted by the "2nd level cervical discectomy and fusion of C3-C4 and C4-C5". Medical necessity for such a surgical procedure had not been established.

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)