

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: November 2, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior cervical discectomy at C4-5 and C5-6

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

M.D., Board Certified Orthopedic Surgeon (Joint)

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

Official Disability Guidelines and Treatment Guidelines

Utilization review determination 08/12/11 recommending non-certification anterior cervical discectomy at C4-5, C5-6

Utilization review determination 08/29/11 recommending non-certification appeal anterior cervical discectomy at C4-5, C5-6

Office notes Dr. 05/26/10-04/13/11

Office notes Dr. 05/20/10-07/29/10

Diagnostic imaging studies including MRI cervical spine 10/05/11, 06/08/10, 05/26/10, and 05/14/10, CT scan thoracic spine, lumbar spine 05/15/10, CT scan cervical spine 05/13/10, EMG/NCV, x-ray cervical spine 05/13/10, x-ray left shoulder 05/13/10, chest x-ray 05/13/10, pelvis x-ray 05/13/10, CT scan brain 05/13/10, right thumb x-ray 05/13/10

Designated doctor evaluation Dr. 05/04/11

Medical records / peer review Dr. 05/07/11

Notice of disputed issues refusal to pay benefits 06/23/11

Physician record Dr. 05/17/11-09/19/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xx. He was involved in a motor vehicle accident in which his 18-wheeler was totaled. CT of cervical spine showed C4 fracture, non-displaced. The claimant complained of significant neck pain. He also reported left shoulder pain, right knee pain, and low back pain. On examination the claimant was noted to have no motor weakness, but absent brachioradialis reflex on the right and decreased biceps reflex 1+. There were C6 and C7 sensory changes on right. The claimant initially was treated with cervical collar. On subsequent examination the claimant was noted to have strong Spurling's sign on right. Electrodiagnostic testing performed on 06/04/11 revealed bilateral carpal tunnel syndrome, but no signs of associated cervical radiculopathy. MRI of cervical spine on

06/08/10 revealed degenerative changes with mild canal stenosis at C5-6. There is severe right C4 and bilateral C6 neural foraminal stenosis. No acute fracture was seen; specifically no C4 fracture was identified. At C3-4 and C4-5 broad based disc osteophyte formation was noted with partial effacement of the CSF anterior and posterior cervical spinal cord without significant spinal canal stenosis. At C5-6 there is broad based disc osteophyte formation with near complete effacement of the CSF anterior and posterior to cervical spinal cord without cord compression or cord edema consistent with mild spinal canal stenosis. The claimant underwent epidural steroid injections and was noted to have gotten some relief of neck pain, but only lasted for 2-3 weeks before neck pain returned going down into left arm.

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

The reviewer finds there is a medical necessity for Anterior cervical discectomy at C4-5 and C5-6. The claimant is noted to have sustained multiple injuries secondary to motor vehicle accident on xx/xx/xx. There was evidence of possible non-displaced C4 vertebral body fracture. MRI of cervical spine showed degenerative changes with cervical spondylosis, no evidence of bone edema or loss of vertebral height seen. Disc protrusions were noted at C5-6 and C6-7 causing anterior CSF space effacement with bilateral recess stenosis right worse than left at C6-7. Electrodiagnostic testing revealed no evidence of cervical radiculopathy, but did reveal bilateral carpal tunnel syndrome. On examination the claimant had positive Spurling's. There was evidence of sensory loss and decreased reflexes on the right but no motor weakness. Although the previous reviewers indicated there was no documentation of conservative treatment, designated doctor noted the claimant did improve with epidural steroid injections. The designated doctor also noted it would be reasonable for the claimant to proceed with cervical spine surgery. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned.

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

- ACOEM-AMERICA 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)**