



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 12/30/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior cervical discectomy and fusion C5-C6 and C6-C7

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

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

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:

1. forms
2. Certification page
3. TDI referral forms
4. Request for IRO, 12/14/11
5. Denial letters, 12/02/11 and 12/13/11
6. Requester records
7. New patient evaluation, 08/23/11
8. MRI scan, cervical spine, 08/24/11
9. EMG and nerve conduction study, 09/21/11
10. URA records
11. Psychological evaluation, 10/17/11
12. Psychological evaluation approval, 10/12/11
13. M.D., clinical notes, 05/18/11 and 04/25/11
14. Rehabilitation re-evaluation, 03/04/11
15. MRI scan, cervical spine, 03/29/11
16. X-ray, lumbosacral spine, 03/21/11

17. X-ray, cervical spine, 03/21/11
18. X-ray, thoracic spine, 03/21/11
19. CT scan, cervical spine, 02/25/11
20. Pain management clinical notes, 06/29/11
21. Designated Doctor Evaluation, M.D., 08/16/11
22. Pre-authorization request appeal

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The claimant is a male who suffered injury when a 4x6 beam fell approximately twenty feet, striking him in the head, neck, shoulders, and back. He lost consciousness at the time of the injury. He has since developed cervical spine pain, more severe than low back pain. He has bilateral upper extremity pain, more severe on the right than on the left. The physical findings include diminished triceps and biceps reflexes on the right. He has weakness of shoulder girdle musculature on the right and a positive Spurling's sign to the right. He has a positive compression sign for cervical degenerative disc disease. He has paraesthesias into the C6 and C7 nerve root distribution on the right and hypoactive biceps and brachioradialis reflexes on the right. An MRI scan dated 03/29/11 revealed evidence of C5-C6 and C6-C7 degenerative disc disease with some evidence of canal stenosis. Prior requests for the performance of anterior cervical discectomy and fusion at C5-C6 and C6-C7 were denied. The request was reconsidered and denied. The EMG and nerve conduction study performed 09/21/11 revealed no evidence of radiculopathy; however, bilateral carpal tunnel syndrome was evident.

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

The claimant clearly has evidence of degenerative disc disease at the level C5-C6 and C6-C7 with neurologic physical findings suggesting radiculopathy in the right upper extremity, specifically diminished biceps and brachioradialis reflexes on the right side. Additionally, there is weakness in shoulder girdle musculature, as well as wrist extensor musculature. The claimant has radicular-like symptoms and flexion-extension x-rays of the cervical spine have suggested an element of instability at C5-C6 and C6-C7. It would appear that anterior cervical discectomy and fusion are appropriate at these levels and should be pre-authorized.

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 (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)