



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 6/3/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior cervical discectomy at C3 with artificial disc replacement of C3 with ProDisc-C.

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

Texas State Licensed MD Board Neurosurgeon

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY:

This is a male with a date of injury xx/xx/xx. He is status post ACDF at C5-C6 on 04/28/2010. He complains of severe pain that has been not associated with muscle spasm, radiating to the left shoulder and arm as well as the right shoulder and arm in the C5, C6, and C7 distributions. The symptoms are associated with numbness and tingling down the arms and associated with weakness in the arm and hand and are aggravated by work, exercise, sneezing, looking up, and looking down. These symptoms are his most recent symptoms as of 03/19/2014. His examination on that day reveals 4+/5 bilateral deltoids, biceps, triceps, wrist flexors, wrist extensors, finger extensors, and shoulder internal and external rotators. Spurling test is negative. A CT myelogram on 05/21/2013 shows bony effusion across the C5-C6. There is moderate disc space narrowing at C3-C4. There are mild posterior osteophytes at C3-C4 and C5-C6; otherwise, the C3-C4 level is considered "negative." At C5-C6, there is mild spinal canal stenosis and mild left neural foraminal stenosis secondary to mild posterior osteophyte formation. All other levels are considered "negative." An EMG of the left upper extremity on



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



10/01/2012 is normal. The provider is requesting an anterior cervical discectomy at C3 with an artificial disc of ProDisc-C.

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

According to the ODG neck and upper back chapter, section on discectomy, there should be "an abnormal imaging study, making sure positive findings are covered with nerve root involvement that is found with the previous objective physical and his diagnostic findings." In this case, the most recent clinic visit submitted for review of 03/19/2014, states that the pain is in the C5, C6, and C7 distributions, however the pain, numbness, and tingling goes into the arms and hands. This is not in the C4 distribution. Also, there is no evidence of neural compression based on report of the CT myelogram at C3-C4. There is reported disc space narrowing as well as mild posterior osteophytes. Therefore, it is unclear that the claimant is truly suffering from the C4 radiculopathy. Our issue is not the artificial disc placement at C3-C4, but whether surgery at C3-C4 is needed at all. Based on the documentation submitted for review, it is unclear that the claimant is symptomatic from this level. Therefore, this surgery remains not medically necessary.

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



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



- 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)**