

RYCO MedReview

DATE OF REVIEW: 04/30/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Autograft, spine surgery, structural, C5-C6 anterior cervical fusion, C5-C6 anterior discectomy, and a 1 day hospital stay

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

Board Certified in Orthopedic Surgery

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

Evaluations with M.D. dated 09/19/02, 04/27/06, 08/17/06, and 11/16/06
An MRI of the cervical spine interpreted by M.D. dated 08/19/04
Cervical and lumbar myelogram CT scans interpreted by M.D. dated 03/13/06
An evaluation with M.D. dated 11/02/06 and 02/01/07

Preauthorization flow sheets from an unknown provider (no name or signature was available) dated 01/19/07, 02/02/07, and 02/23/07

A preauthorization form from Dr. dated 01/30/07 or 02/06/07

Letters of non-certification from L.V.N. dated 02/07/07 and 03/01/07

A letter of appeal from Dr. dated 02/14/07

An undated description and criteria of an anterior cervical decompression and fusion

PATIENT CLINICAL HISTORY [SUMMARY]:

On 09/19/02, Dr. recommended Maxalt and a right sided sphenopalatine ganglion block. An MRI of the cervical spine interpreted by Dr. on 08/19/04 revealed a disc protrusion at C3-C4 and C6-C7 and osteophytic spurring at C6-C7. Cervical and lumbar myelogram CT scans interpreted by Dr. on 003/13/06 revealed a disc bulge at C5-C6, a spur and disc bulge at C7-T1, and degenerative disc disease in the lumbar spine. On 04/27/06, Dr. prescribed Baclofen, Celebrex, Skelaxin, and Zanaflex. On 02/01/07, Dr. recommended cervical spine surgery. On 02/07/07 and 03/01/07, Ms. wrote letters of non-certification for cervical spine surgery. On 02/14/07, Dr. wrote an appeal letter.

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

The patient's original injury appears to have been treated with an anterior cervical discectomy and fusion at C5-C6. Approximately 3% of individuals worsen at the next possible level every year. This is known as junctional spinal stenosis and this breakdown is directly the result of the prior surgery. The patient's ongoing symptoms appear to be related to the breakdown of the documented C5-C6. Autograft, spinal surgery, anterior cervical fusion at C5-C6 and C5-C6 anterior discectomy with a one day hospital stay is reasonable and 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**

- 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)