

**August 30, 2007  
Amended Decision  
Corrected services in dispute**

**DATE OF REVIEW:** 08/23/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Outpatient anterior cervical discectomy and fusion at C6/C7 (63075, 22554, 22849, 38220, 20931, 69990). (*Deleted "...with removal of plate and instrumentation.*)

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

Texas-licensed M.D., Certified, Neurologic Surgery

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI Case Assignment
2. Letters of denial and criteria utilized in denial (ODG)
3. History and physical, laboratory, and discharge summary for myelogram on 07/10/07
4. Radiology reports dated 04/17/07, 04/30/07, 05/22/07, and 07/10/07
5. Surgeon's correspondence to DWC 06/21/07 and 06/13/07

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This summary is taken from the clinic notes of the treating doctor (TD) dated 06/21/07. The patient is a female who was being evaluated by a pain management physician for headaches, neck pain, shoulder pain, bilateral arm pain, bilateral hand/wrist pain, and numbness and tingling in the fingers of both hands. Her original injury occurred when she was grinding some meat and heard a pop in her thoracic spine and experienced

sudden pain. This ultimately led to an anterior cervical corpectomy at C4, C5, and C6, with decompression arthrodesis and instrumentation with A-line plate on 09/05/00.

She apparently was discharged from the TD's care a little more than 6 weeks later, but returned with complaints of neck and shoulder pain, numbness in the hands and fingers, and bilateral hip pain. She returned with complaints of severe headaches and pain at the base of her neck and across both of her shoulders. This pain was radiating down both of her hands into her wrists, hands, and fingers. In addition, she was complaining of numbness and tingling in the fingers of both hands. She had physical therapy and epidural steroid injections with no relief.

She has been evaluated from a neurosurgical standpoint by her TD on 06/21/07. At that time he felt that she should have a cervical myelogram with CT scan. Also at that point she had had an MRI scan, which raised the possibility of a residual osteophyte on the right causing a moderate degree of effacement of the ventral thecal sac. CT myelogram was performed, and it confirmed that she had moderate to severe ventral defect at the C6 level with an osteophyte that was more on the right than the left. It has now been recommended that she have removal of her previous plate, spanning from C4 to C7, and then decompressing the nerve at the spinal cord at C6 by removing the osteophyte.

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

This patient has a failed fusion. She had a 3-level anterior cervical discectomy and fusion, and 2 of the 3 levels fused. This is a relatively common situation when 3 levels are performed. If the original episode is taken as medically necessary (compensable), then any further care related to the surgical procedure is also medically necessary.

She is being defined as having intractable neck pain secondary to the continued nature of her pain over time, as well as the failure of physical therapy, epidural injections and other non-surgical interventions. Given failed fusion and intractable neck pain, it is, therefore, appropriate that an attempted surgical remedy be sought, in this case, removal of the plate, and another attempt at a C6/C7 fusion almost certainly followed by an anterior cervical instrumentation. The rationale and basis for this decision can be found in the North American Spine Society's guidelines for surgery as well as the American Association of Neurologic Surgeons' guidelines for surgery as well as the Occupational Medicine Practice Guidelines.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THIS DECISION:**

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- \_\_\_\_\_ 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.
- \_XX\_ 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.
- \_XX\_ Peer reviewed national accepted medical literature: North American Spine Society's guidelines for surgery, American Association of Neurologic Surgeons' guidelines for surgery and The Occupational Medicine Practice Guidelines.
- \_\_\_\_\_ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)