

## Notice of Independent Review Decision

**DATE OF REVIEW:** 8/23/2007  
**IRO CASE #:**

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

1. Posterior cervical fusion of C4-5
2. Iliac crest bone graft/BMP-2 and instrumentation
3. One overnight stay

### **QUALIFICATIONS OF THE REVIEWER:**

This reviewer received his medical doctorate from the University of Tennessee, at Memphis. He did his internship and residency in the field of Orthopaedics at Emory University. This physician did a fellowship at Northwestern in the Department of Orthopaedics, Sports Medicine. He has been board certified in Orthopaedics since 2001. This reviewer has written numerous research articles and publications. He is affiliated with the American Academy of Orthopaedic Surgeons, American Orthopaedic Society for Sports Medicine, Arthroscopy Association of North America and the American Medical Association.

### **REVIEW OUTCOME:**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- |  |                                  |
|--|----------------------------------|
| Upheld   | (Agree)                          |
| <input checked="" type="checkbox"/> Overturned | (Disagree)                       |
| Partially Overturned                           | (Agree in part/Disagree in part) |
1. Posterior cervical fusion of C4-5 Overturned
  2. Iliac crest bone graft/BMP-2 and instrumentation Overturned
  3. One overnight stay Overturned

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Clinical note dated 08/06/2007
2. Notice to utilization review dated 08/06/2007
3. Clinical note dated 06/19/2007
4. Clinical note by MD, dated 06/12/2007
5. Operative report by MD, dated 06/06/2007
6. Clinical note by MD, dated 01/12/2007
7. Information dated 08/06/2007
8. Verification dated 12/06/2006
9. Clinical note by MD, dated 06/18/2007
10. Information dated 08/06/2007
11. Verification dated 12/06/2006
12. Clinical note by MD, dated 06/28/2007
13. Clinical note by MD, dated 06/18/2007
14. Clinical note by MD, dated 03/26/2007
15. Clinical note by MD, dated 03/12/2007
16. Clinical note by MD, dated 03/12/2007
17. Clinical note by MD, dated 01/15/2007
18. Clinical note by MD, dated 12/21/2006
19. Clinical note by MD, dated 12/11/2006
20. Clinical note by MD, dated 09/11/2006
21. Clinical note by MD, dated 09/11/2006

22. Clinical note by MD, dated 07/17/2006
23. Clinical note by MD, dated 07/17/2006
24. Clinical note by MD, dated 06/19/2006
25. Clinical note by MD, dated 06/14/2006
26. Clinical note by MD, dated 04/12/2006
27. Clinical note by MD, dated 02/15/2006
28. Clinical note by MD, dated 02/13/2006
29. Clinical note by MD, dated 02/13/2006
30. Clinical note by MD, dated 02/06/2006
31. Clinical note by MD, dated 02/06/2006
32. Clinical note by MD, dated 06/12/2007
33. Clinical note by MD, dated 01/12/2007
34. Operative report by MD, dated 06/06/2006
35. Clinical note by MD, dated 06/28/2007
36. Notification of determination by MD, dated 06/22/2007
37. Review summary by MD, dated 06/21/2007
38. Clinical note by MD, dated 07/17/2007
39. Review summary by MD, dated 07/16/2007
40. Facsimile cover sheet dated 08/06/2007
41. Clinical note dated 08/02/2007
42. IRO Request dated 08/02/2007
43. Request for a review dated 07/23/2007
44. Notification of determination by MD, dated 06/22/2007
45. Review summary by MD, dated 06/21/2007
46. Clinical note by MD, dated 07/17/2007
47. Review summary by MD, dated 07/16/2007
48. Medical reviews of case assignment dated 08/06/2007
49. Clinical note dated 08/06/2007

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a xx year old male. According to the notes provided, the injured employee has a history of two previous anterior cervical surgeries at C5 through C7. He also has a history of previous posterior cervical surgery. Per notes from 06/28/2007, the injured employee underwent an anterior cervical discectomy and fusion at C4/5. A recent CT scan indicated that the C4/5 level had not gone on to successful union. Based on the fact that this level had gone on to nonunion, the provider recommended a posterior cervical fusion for the injured employee's axial pain symptoms. The injured employee tried a bone stimulator and activity modification, but he continued to have axial neck symptoms. This is a review of medical necessity for posterior cervical fusion of C4-5, iliac crest bone graft/BMP-2, and overnight hospital stay for the injured employee.

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

The injured worker has chronic neck pain with evidence of mechanical pain with relief at rest. The worker has been through anterior cervical discectomy and fusion from C4-C7. The follow-up radiographs have demonstrated a C4-C5 pseudoarthrosis. The patient has been through a second anterior procedure with hardware revision to achieve a solid fusion without any radiographic evidence of a bony union. The patient's recent symptoms have been treated with activity modification, therapeutic exercises, NSAIDs, and a bone growth stimulator. The provider is requesting a posterior cervical fusion. The literature supports operative intervention for patients with axial neck pain that has failed non-operative measure for at least 6 months with evidence of pseudoarthrosis or instability on follow-up radiographs. The ODG guidelines follow the literature regarding operative intervention for failed anterior stabilization. There is literature to support revision of the anterior fixation or a posterior cervical fusion. Therefore, medical necessity for operative intervention is established based on the pseudoarthrosis or insufficient anterior stabilization and the persistence of symptoms despite non-operative measures for the past year. The posterior approach to stabilization appears to be a good surgical option based on failure of anterior stabilization on 2 separate occasions and the additional requirement of again revising the anterior hardware. The previous denial is overturned.

**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
- X 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
- X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

ID Farey, PC McAfee, RF Davis, and DM Long Pseudarthrosis of the cervical spine after anterior arthrodesis. Treatment by posterior nerve-root decompression, stabilization, and arthrodesis  
J. Bone Joint Surg. Am., Sep 1990; 72: 1171 - 1177.

M Neo, S Fujibayashi, M Yoshida, and T Nakamura Spinous process plate fixation as a salvage operation for failed anterior cervical fusion. Technical note. J Neurosurg Spine, Jan 2006; 4(1): 78-81.

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