



# PROFESSIONAL ASSOCIATES

## Notice of Independent Review Decision

**DATE OF REVIEW:** 12/12/07

**IRO CASE #:**

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

Anterior cervical discectomy and fusion at C4-C5 and C5-C6

### **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.

Anterior cervical discectomy and fusion at C4-C5 and C5-C6 - Overturned

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

An MRI of the cervical spine interpreted by, M.D. dated 08/16/07  
Evaluations with M.D. dated 09/04/07 and 10/23/07

A letter of non-certification, according to the ODG Guidelines, from M.D. dated 09/21/07

A letter of non-certification, according to the ODG Guidelines, from M.D. dated 10/15/07

The ODG Guidelines were not provided by the carrier or the URA

### **PATIENT CLINICAL HISTORY**

An MRI of the cervical spine interpreted by Dr. on 08/16/07 revealed disc protrusions at C3 through C7. On 09/04/07, Dr. recommended cervical spine surgery. On 09/21/07, Dr. wrote a letter of non-certification for the surgery. On 10/15/07, Dr. also wrote a letter of non-certification for the surgery. On 10/23/07, Dr. again recommended cervical spine surgery.

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

This patient has radiculopathy manifested by radiating pain, cervical pain, and wasting of the deltoid. The C5 dermatome that is manifested by wasting in the deltoid and biceps is the hardest nerve root to rehabilitate. This patient has an accepted indication for cervical decompression and fusion.

The ODG states that anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. The indication for discectomy is that the patient has received and failed at least six weeks of a conservative trial, which this patient has. There must be evidence of sensory symptoms in the cervical distribution that correlate with the involved cervical levels and that is true. There is definitive evidence of motor defect, given the atrophy in the appropriate distribution for this patient's complaints. There is abnormal imaging and it also correlates with the nerve roots. Therefore, in my opinion as a board certified orthopedic surgeon, specialty trained in spinal diseases, the anterior cervical discectomy and fusion at C4-C5 and C5-C6 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 AND KNOWLEDGE BASE
- 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)**