

DATE OF REVIEW: 2/16/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

C4 and C6 anterior cervical discectomy and fusion

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

Physician Board Certified in Neurosurgery

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

1. A package of records to include the previous reviewer's evaluation. It further includes medical information including requests for C4 and C6 ACF as well as response to the adverse determination for cervical fusions at C4 and C5 dated 12/8/06, as well as office notes through date 11/28/06, an MRI of the cervical spine dated 8/11/06, an EMG dated 11/2/06 which showed a right sided C7 radiculopathy, a cervical spine series dated 5/19/06 revealing a well healed C5 fusion, and an extensive physical therapy notes from both aimed at the shoulder and the patient's cervical spine.
2. Office notes from as well as copies of the MRI scan, the cervical spine report, MRI scans and MR Arthrograms of the patient's left shoulder.
3. Psychiatric review of behavioral evaluation dated 1/8/06 performed by.
4. Office notes from describing refills of Oxycontin and Roxicodone as well as requests that this patient's shoulder be re-evaluation.

PATIENT CLINICAL HISTORY [SUMMARY]:

This gentleman injured himself. He states that he was at work when cases of bleach fell on his head. He had an injury to his left shoulder joint at that time. He also had chronic neck pain. The chronic neck pain led to an MRI of his cervical spine, which unfortunately was not included in the records reviewed, but through other reports it has described him as having a 4mm disc bulge which was in contact with the cervical cord. As a result of this, he had a C5 fusion on 10/31/05. Unfortunately, he continued to have neck pain, shoulder pain and pain in his left arm. He is described as having a left sided cervical radiculopathy with sever C7 radicular pain. He has had an EMG of the cervical spine which finds him to only have an acute right C7 radiculopathy. He is also noted to have a left carpel tunnel syndrome. He has also had a psychiatric evaluation for chronic pain. There is mention of this patient getting cervical epidural steroid injections; however, there is no information available for review. He has also had an MRI scan of the cervical spine performed post operative on 8/11/06 which shows a spinal fusion at C5, moderately advanced spondylosis at C4 involving a diffuse annular disc bulge effacing the ventral subarachnoid space and abutting the ventral surfaces of the cord diminishing the A.P. diameter of the central canal to 7.5mm, consistent with mild to moderate stenosis. He also has bilateral neuron foraminal narrowing at that level. Further at C6 he is noted to have mild narrowing of the intervertebral disc, again a moderate sized annular disc bulge with narrowing of the central canal down to 9mm and mild to moderate bilateral neural foraminal narrowing is also seen. He has also had a CT scan of his cervical spine dated 5/19/06 which shows a well healed C5 anterior fusion as well as C4 degenerative disc and uncovertebral changes with right greater than left canal and neural foraminal narrowing. Finally, at C6 he is noted to have a right sided disc and left sided uncovertebral degenerative changes causing, again, right sided canal and left moderate C7 neural foraminal narrowing. In addition to all of this, he has had evaluations of his left shoulder which finds him to have numerous inflammatory processes going on. Unfortunately, the post arthrogram MRI scan report is barely readable, but it appears to show a probably tear of the superior glenoid labrum; there is signal along the anterior labrum. He has mild tendonopathy in the supraspinatus without evidence of rotator cuff tear. He has mild osteoarthritis in the AC joint. His MR Arthrogram dated 4/28/06 is compared to a straight forward MRI of the shoulder performed 1/4/06 which showed subacute arthritic changes in the AC joint associated with evidence of subacromial bursitis. He also has biceps tenosynovitis with an intact rotator cuff that features consistent with tendonitis and tendonopathy of the mid supraspinatus tendon. Again, without evidence of full thickness rotator cuff tear or occult bruises or trabecular fractures. Because of his continued neck pain; because he has not had any improvement with physical therapy, Dr. has recommended that this gentleman have a second surgical procedure this time fusing C4 and C6. He justifies this based upon the fact that the patient has undergone physical therapy, including TENS unit. Further, this patient has had spinal injections and chiropractic management. There is no information provided on either of these two modalities and if the patient has realized any significant

relief from these measure. No mention is made of the EMG being positive on the contra lateral side and no mention is made of the patient's shoulder pathology which has been identified twice.

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

THE PHYSICAL EXAM REGARDING CERVICAL RADICULOPATHIES ARE LESS THAN COMPREHENSIVE AND UNIMPRESSIVE. SPECIFICALLY, THERE IS NO EVIDENCE FOR TRUE NERVE ROOT TENSION SIGNS. MENTION IS MADE OF MOVEMENTS OF THE NECK, PARTICULARLY EXTENSION, CAUSING LEFT SIDED CERVICAL PAIN AND UPPER TRAPEZIUS PAIN. THIS IS NOT A NERVE ROOT TENSION SIGN. THE PATIENT'S REFLEXES ARE APPARENTLY WITHIN NORMAL LIMITS AND STRENGTH IS ALSO WITHIN NORMAL LIMITS. A COMPREHENSIVE SENSORY EXAM ON THIS PATIENT WAS NOT PROVIDED, SO THERE IS NOTHING TO SUPPORT THE ASSERTION THAT THIS GENTLEMAN HAS A CERVICAL RADICULOPATHY. FURTHER, HIS ELECTRODIAGNOSTIC STUDIES SHOW HIM TO HAVE RADICULAR ABNORMALITIES AT C7 BUT IT IS ON THE RIGHT SIDE AND AS IS NOTED IN MULTIPLE LOCATIONS, THIS PATIENT IS COMPLAINING OF LEFT SHOULDER AND LEFT RADICULAR SYMPTOMS. THE ONLY NOTATION MADE OF RIGHT RADICULAR SYMPTOMS IS ON 11/28/06 WHEN THE PHYSICIAN STATES THAT HIS LEFT RADICULAR SYMPTOMS ARE WORSE THAN HIS RIGHT RADICULAR SYMPTOMS. THIS GENTLEMAN HAS OBVIOUS SHOULDER PATHOLOGY. THIS WAS EVEN MENTIONED BY THE REQUESTING PHYSICIAN IN HIS NOTES ON 8/22/06. THERE IS NO OTHER FORM OF CONSERVATIVE MANAGEMENT AIMED AT THIS GENTLEMAN'S CERVICAL SPINE ASIDE FROM PHYSICAL THERAPY THAT IS LISTED IN THE MEDICAL RECORDS. THEREFORE, BECAUSE THIS GENTLEMAN HAS HAD NO COMPREHENSIVE MULTI MODALITY TREATMENT FOR HIS CERVICAL NECK PAIN IN THE ABSENCE OF CERVICAL RADICULOPATHY, INCLUDING A NEGATIVE EMG ON HIS SYMPTOMATIC SIDE, THERE IS NO CLINICAL EVIDENCE TO TAKE THIS PATIENT TO THE OPERATING ROOM TO DEAL WITH HIS CERVICAL SPINE PAIN. IT IS WELL KNOWN THAT SHOULDER PATHOLOGY WILL ULTIMATELY CAUSE CERVICAL PAIN AS WELL. THE C5 SURGICAL PROCEDURE DID NOT ALLEVIATE HIS CERVICAL SPINE PAIN. ADDING TWO MORE FUSED LEVELS ABOVE AND BELOW THIS WILL MOST CERTAINLY ADD TO HIS BURDEN AS WELL AS TO CREATING A LONG LEVER ARM TO INVOLVE THE C7 AND C3 DISCS, ESSENTIALLY COMPOUNDING HIS PROBLEM.

Medical Review of Texas

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 OCCUPATIONAL MEDICINE PRACTICE GUIDELINES**
- STANDARD OF CARE FOR THE AMERICAN COLLEGE OF SURGEONS IN THE CARE OF CERVICAL SPONDYLOSIS**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**