



DATE OF REVIEW:

07/17/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Please review the item in dispute: Removal of cervical plate C4-6, ACDF C3-4 with cord decompression and left C4 root decompression (CPT codes 22855, 22830, 63081, 63082, 22554, 22845, 20938, and 20660).

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Upheld (Agree)

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.

Denial of request for removal of cervical plate C4-6, ACDF C3-4 with cord decompression and left C4 root decompression (CPT codes 22855, 22830, 63081, 63082, 22554, 22845, 20938, and 20660).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Case Report dated 07/03/07
- Referral dated 07/03/07
- DWC: Notice to MCMC, LLC of Case Assignment dated 07/02/07
- DWC: Notice To Utilization Review Agent Of Assignment Of Independent Review Organization dated 07/02/07
- DWC: Confirmation of Receipt Of A Request For A Review dated 06/27/07
- LHL009: Request For A Review By An Independent Review Organization dated 06/26/07
- Letter dated 06/12/07 from RN
- Reconsideration Request Cervical Surgery dated 06/06/07 with attached Surgery Pre-Authorization
- Letter dated 06/04/07 from RN
- Request Cervical surgery dated 05/30/07 with attached Surgery Pre-Authorization
- Surgery Pre-Op/Admission Orders dated 05/08/07
- Office notes dated 05/08/07, 04/10/07, 12/16/06 from M.D.
- CT myelogram cervical report dated 05/02/07
- Upper Extremity Electromyography and Nerve Conduction Velocity testing dated 05/01/07 from M.D.
- Report dated 03/22/07 from M.D.

- Global Functional Testing Corporation: Functional Capacity Assessment dated 03/21/07
- Office visit note dated 10/12/06 from M.D.
- MRI cervical spine dated 10/05/06
- Medical Center: Operative Report dated 06/10/02 from M.D.
- Medical Center: Operative Report dated 08/23/99
- DWC: Health and WC Network Certification & QA, Mail Code 103-6A (undated)

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is male who was reported to have sustained a work-related injury. The injured individual was first seen by M.D.. He was referred to Dr. by his pain management physician, Dr. The injured individual has a long complicated treatment history. Dr. performed an anterior cervical discectomy and fusion from C4-C6 with a cervical plate. A second procedure, bilateral keyhole foraminotomy C3-C4, and left keyhole foraminotomies C4-C5 and C6-C7 was performed on 06/10/2002 by Dr. The injured individual continued with symptoms and eventually has undergone cervical epidural steroid injections, nerve root blocks, radiofrequency thermocoagulation from C3-C7 and placement of a spinal cord stimulator. The stimulator had to be removed because of infection. The injured individual subsequently came under the care of Dr. pain management specialist who referred him to Dr. for a surgical opinion. Dr. noted that the injured individual complained of neck pain with shooting down both arms. Dr. initial diagnoses were chronic neck pain, facet joint mediated pain and questionable adjacent segment disease at C6-C7. Electrodiagnostic studies performed by M.D. on 05/01/2007 were normal. A CT/myelogram was performed and revealed a 5mm broad-based disc protrusion with left posterior accentuation causing flattening of the left anterior cord. There was also central canal stenosis and moderate left foraminal narrowing with effacement and underfilling of the left C4 nerve root sleeve. Reviewing of the radiology report actually shows multiple levels of degenerative disease to include the thoracic spine. The focus for pathology as originally reported by Dr. was shifted from the C6-C7 level to the C3-C4 level. The injured individual has an intact neurological examination to include motor and sensory as documented by multiple independent examiners. Dr. then submitted a request for removal of the cervical plate C4-C6, with cord decompression and left C4 nerve root decompression.

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

The injured individual has undergone extensive evaluation and treatment to include multiple surgical procedures with continued complaints. The main complaint has been the subjective complaint of pain. He has consistently demonstrated an intact neurological examination without any clinical evidence of radiculopathy or myelopathy. The request does not meet the requirements of the **Official Disability Guidelines** as outlined below:

ODG Indications for Surgery -- Discectomy/laminectomy (excluding fractures):

Washington State has published guidelines for cervical surgery for the entrapment of a single nerve root and/or multiple nerve roots. (Washington, 2004) Their recommendations require the presence of all of the following criteria prior to surgery for each nerve root that has been planned for intervention (but ODG does not agree with the EMG requirement):

- A. There must be evidence that the patient has received and failed at least a 6-8 week trial of conservative care.

- B. Etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures.
- C. There must be evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test.
- D. There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level. Note: Despite what the Washington State guidelines say, ODG recommends that EMG is optional if there is other evidence of motor deficit or reflex changes. EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms such as metabolic (diabetes/thyroid) or peripheral pathology (such as carpal tunnel). For more information, see EMG.
- E. An abnormal imaging (CT/myelogram and/or MRI) study must show positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings.
If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic.

The injured individual has chronic pain, but there has not been identified clearly an anatomic pain generator. The proposed procedure is therefore unlikely to ameliorate his complaints. Cervical fusion for degenerative disease resulting in axial neck pain and no radiculopathy remains controversial and conservative therapy remains the choice if there is no evidence of instability. ([Bambakidis, 2005](#)).

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:
MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES