



DATE OF REVIEW: July 11, 2007

IRO CASE#:

DESCRIPTION OF DISPUTED SERVICE: ACDF at C4/5, C5/6 and C6/6

QUALIFICATIONS OF REVIEWER: Board certified.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. TDI referral
2. Preauthorization request, May 24, 2007
3. Letter of Medical Necessity, MD-May 21, 2007
4. Pre-admit orders, MD-undated
5. Letter of medical necessity- MD-April 20, 2007
6. Office Notes-, MD- December 12, 2006 through January 29, 2007
7. Office notes with X-ray Report, MD, December 12, 2006.
8. CT/Discogram, May 15, 2007
9. URA denial, MD-June 8, 2007
10. URA denial, MD-May 31, 2007

BRIEF CLINICAL HISTORY:

The patient is a female with subacute to chronic cervical pain subsequent to lifting and straining injury xx/xx/xx. She has been treated with physical therapy, chiropractic manipulations, local injections and medications. She was evaluated by, MD, for the first time. Diagnosis was “cervicalgia without radiculopathy”. Degenerative disc disease has been diagnosed based on findings of a discogram 05/21/2007 and mild C6 radiculopathy has been diagnosed based on findings of an EMG/NC study. There are no documented

physical findings suggestive of compressive neuropathy or myelopathy and no findings to suggest instability of the cervical spine.

BASIS FOR DECISION:

Anterior cervical discectomy and fusion at C4-C5, C5-C6 and C6-C7 has been recommended by Dr. and preauthorization has been requested and repeatedly denied.

The benefit of cervical discectomy and fusion in the absence of compressive neuropathy or myelopathy and in the absence of instability is controversial. The end results of patients treated non operatively and operatively converge after approximately 2 years indicating that there would be no significant benefit in performing this type of surgical procedure for the treatment of chronic pain alone until at least 2 years after symptoms began. Acceptable results only achieved in 60 to 70% of cases of surgery performed for pain only without evidence of compressive neuropathy or myelopathy.

Therefore, I concur with the previous determinations denying authorization to perform anterior cervical discectomy and fusion at C4-C5, C5-C6, and C6-C7.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.) Cochrane Collaboration, OKU 2 Spine.