

True Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW: JULY 10, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Fusion to the anterior cervical spine with instrumentation of C5-C7

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)
- 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

EMG/NCS

Cervical spine MRI without contrast

Office note, Dr., 02/06/06

Notes, 04/03/06, 05/04/06, 08/29/06, 10/26/06, 11/27/06, 02/05/07, 04/16/07 and 06/18/07

Operative report, 04/26/06

Peer review, 05/02/07

Appeal, 05/10/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female with a reported injury date. The mechanism of injury was not provided. The claimant began treatment for neck and left upper extremity pain. Electrodiagnostic studies noted evidence of a left ulnar neuropathy at the elbow and moderate bilateral median nerve entrapment at the wrists.

A cervical MRI demonstrated multiple disc bulges, most prominent at C5-6 and C6-7 with moderate flattening of the ventral thecal sac and moderate to marked narrowing of the right neural foramen.

Dr. followed the claimant on a frequent basis for ongoing neck pain, left grip weakness and numbness and tingling in the left forearm and hand. Clinical findings on 02/06/06 noted decreased cervical motion with a positive Spurling's and pain with stressing of the elevators and protractors of the shoulders. There was marked weakness in the left wrist dorsiflexors and decreased sensation in the left C6 and C7 dermatomes. The left triceps and brachioradialis reflexes were absent. The claimant continued with nonsteroidal anti-inflammatory medications and pain medication and remained off work.

A selective nerve root block was done on 04/26/06 to the left C6 and C7 nerve roots. The claimant experienced complete numbness and pain relief in the left arm for several hours. Her symptoms returned and surgical intervention with anterior cervical discectomy and fusion C5-C7 was recommended. The insurance carrier initially denied the surgical request.

The claimant's symptoms and clinical examination findings remained unchanged. The records indicated a cervical myelogram and CT scan were approved but no results were provided. The most recent office note from 06/18/07 noted increased muscle tonicity. The left triceps and brachioradialis reflexes remained absent. The note indicated a series of cervical epidural steroid injections had failed to provide any relief. Surgery was again requested.

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

Fusion of the anterior cervical spine with instrumentation of C5 through C7 does not appear to be medically necessary or reasonable in this female who has neck pain. Her diagnostic studies and physical examination are not concordant. She has no appreciable progression of neurologic changes over time. Her EMG shows no evidence of radiculopathy. There is no mention of instability. As such, the Reviewer's medical assessment is that it's not reasonable to proceed with the above-mentioned procedure. There is no report of the cervical myelogram or CT scan, however, the records indicate that they were done. Therefore, the fusion is not medically necessary.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates (neck and upper back)

Recommended as an option in combination with anterior cervical discectomy for approved indications, although current evidence is conflicting about the benefit of fusion in general. 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.

Predictors of outcome of ACDF: Predictors of good outcome include non-smoking, a pre-operative lower pain level, soft disc disease, disease in one level, greater segmental kyphosis pre-operatively, radicular pain without additional neck or lumbar pain, short duration of symptoms, younger age, no use of analgesics, and normal ratings on psychosocial tests such as the Distress and Risk Assessment Method

Recommended as an option if there is a radiographically demonstrated abnormality to support clinical findings consistent with one of the following: (1) Progression of myelopathy or focal motor deficit;

(2) Intractable radicular pain in the presence of documented clinical and radiographic findings; or

(3) Presence of spinal instability when performed in conjunction with stabilization.

ODG Indications for Surgery™

A. 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.

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.

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 (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)