

# Independent Resolutions Inc.

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**DATE OF REVIEW:** JUNE 27, 2007

**IRO CASE #:**

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

Anterior cervical discectomy fusion C4-7, autograft, Synthes plate

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

Board Certified

**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**

Case notes

Office note, Dr., 09/22/06

Cervical spine MRI, 10/10/06

Notes, 10/25/06, 03/18/07

Office note, Dr., 11./07/06

Office note, Dr., 05/08/07

Office note, Dr., 05/17/07

Note, 06/12/07 and 06/13/07

IRO Assignment

CT of the orbits 07/26/06

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a injured in a fight with shoplifters while at work on xx/xx/xx. On the 09/22/06 examination with Dr., the claimant reported pain in her head, upper back, both arms and the interscapular region. She noted that low back pain had improved. The examination noted intact reflexes and sensation. A 10/10/06 MRI of the cervical spine showed a C4-5 disc bulge and small protrusion to the right. At C5-6 there was a disc bulge and medium sized protrusion lateralizing to the left. A C6-7 bulge was seen lateralizing to the right. There was resultant canal stenosis at C4-5, 5-6 and 6-7 with a normal cord.

She was seen for chiropractic treatment by Dr. and she reported pain in the right arm. On examination 05/08/07 there was tenderness of the cervical, thoracic and lumbar spine. Dr. referred the claimant for a surgical opinion.

On 05/17/07 Dr. evaluated the claimant for complaints of pain in the neck, shoulders, suboccipital region and in the subscapular region. He noted that the claimant reported that neck pain was worse than the arm pain. She had been treated with two injections, therapy and medication and had not worked since the injury. On examination there was full cervical motion with no tenderness. Dr. noted full upper extremity strength. There was decreased sensation in the palm of the right hand. X-rays showed early disc space narrowing at C4-5, 5-6 and 6-7 with no translation on flexion/extension. The impression was herniation at C4-5, 5-6 and 6-7 with right radiculopathy and anterior cervical discectomy fusion was recommended.

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

This is a female for whom recommendations have been made to undergo anterior cervical discectomy and fusion at C4-7. The Reviewer carefully reviewed the records available. They document ongoing pain complaints that appeared to emanate from a brawl with shoplifters in xx/xx/xx. The imaging studies included a cervical spine MRI scan which described multiple disc bulges and protrusions, although does not describe cord compression. In fact, the protrusions involved appeared to be to the right and left side depending on the level. Consistent complaints within the records include neck pain in conjunction with some degree of right arm pain as well as thoracolumbar pain. There is no documentation in the records of progressive neurological deficit, weakness or radiographic signs of instability.

The Reviewer' medical assessment is that the claimant is not an ideal candidate for a multilevel cervical spine fusion. The three level procedure, is unlikely to address what appears to be largely subjective complaints that are unsubstantiated by physical exam findings and do not correlate well with the diffuse imaging study findings that are both of the right and left side. To the extent that this is a potentially disabling procedure including three levels of the cervical spine and in the absence of obvious signs of distinct neural compression particularly of the spinal cord, instability and/or progressive neurologic deficit. Therefore, the Reviewer cannot recommend the proposed procedure as either being reasonable or medically necessary.

Official Disability Guidelines Treatment in Worker's Comp2007 Updates, Neck and Upper Back-Anterior Fusion

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

*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 biopsychosocial tests such as the Distress and Risk Assessment Method (DRAM). Predictors of poor outcomes include non-specific neck pain, psychological distress, psychosomatic problems and poor general health

**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)