

## CompPartners

**DATE OF REVIEW:** 5/24/07

**MDR TRACKING #:**

**NAME:**

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

Determine the medical necessity for the previously denied anterior cervical fusion at C4-5.

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

Texas licensed 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)

The previously denied anterior cervical fusion at C4-5.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Nurse Summary, undated
- Cervical spine MRI, 08/29/06
- pain questionnaire, 11/04/06
- New patient evaluation
- Cervical epidural steroid injection, 12/13/06
- Epidurogram, 12/15/06
- Office notes, Dr., 01/22/07, 02/19/07, 03/19/07, 04/16/07
- Patient information sheet noted, 02/22/07
- Office notes, Dr., 02/22/07, 03/15/07
- Pre-authorization determination letter, 03/05/07

- Cervical spine MRI, 03/06/07
- Surgery scheduling note, 03/15/07
- Limited duty recommendation and physical capabilities assessment, 03/15/07
- Pre-surgical psychological screening, 04/03/07
- Physical therapy extension request, 04/12/07
- Adverse determination letter, 04/16/07 and 04/27/07
- Request for independent review, 05/03/07

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

**Patient's age:**

**Gender:** Female

**Date of Injury:**

**Mechanism of injury:** In a fight involving a prisoner

**Diagnoses:** Cervical radicular syndrome; C4-5 disc herniation; left shoulder rotator cuff injury; status-post previous left rotator cuff repair.

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

The claimant continued conservative treatment for neck and left shoulder complaints, as well as complaints of pain, restricted motion and numbness in the fingers. An MRI of the cervical spine, showed multilevel disc bulges and osteophytes with a C5-6 disc bulge-osteophyte complex causing mild cord impingement. The claimant treated with medications, physical therapy, facet injections, cervical traction, transcutaneous electrical nerve stimulation (TNS) unit and one epidural steroid injection (ESI), after which she reported an 80% decrease in symptoms. She was restricted to working light duty, but complained of significant neck pain with a radicular component and weakness when transitioning back to regular duty police work wearing body armor. An examination by Dr., dated 2/22/07, noted 4+/5 weakness in right wrist extension and right grip, as well as paresthesias into both hands. Dr. noted that X-rays showed loss of disc height at the C5-6 level. A repeat MRI of the cervical spine, dated 3/6/07, showed disc desiccation from C2 through C7 with mild narrowing at C5-6. Additionally, a C4-5 broad-based disc protrusion and spur was present, resulting in borderline central canal dimensions and appearing to contact and mildly flatten the cervical cord to the left of midline. On 3/15/07, Dr. interpreted the updated MRI as showing a larger disc herniation at the C4-5 level, more eccentric to the left and a C5-6 disc herniation with foraminal stenosis, which appeared to be significant. A pre-surgical psychological assessment found the claimant cleared for surgery and Dr. requested authorization of a C4-5 anterior cervical fusion. The claimant is a woman who has had ongoing neck and upper extremity complaints, following a work injury. She had a MRI of the cervical spine, whose report described C5-6 changes and had ongoing conservative care with ESIs, epidurogram, physical therapy, home exercises and medications. She has had continued complaints and underwent a 3/6/07 MRI of the cervical spine, whose report described mainly C4-5 changes. She is currently under the care of a number of different physicians who have requested a C4-5 anterior cervical discectomy and fusion with a two day length of stay. Based on this

medical record, it is not clear to this reviewer as to the indication for this surgery. It is very confusing how the claimant could have had a previous significant C5-6 disc osteophyte complex, which then somehow resolved, and now she has C4-5 changes which need surgery. It is not clear that if only the C4-5 level is repaired, whether she will have improvement, since clearly there are previous other C5-6 changes. Therefore, due to the fact that this medical record is unclear as to the level of surgery and any correlated and positive physical findings that might indicate a specific need for surgery, then this reviewer does not see the medical indication for the requested anterior cervical discectomy and fusion C4-5 based on this review of the record. Official Disability Guidelines, ODG Treatment in Workers' Comp 2007, Procedure Summary – Neck and Upper Back. "Fusion, Anterior Cervical: 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."

**If applicable this section should include the following:**

- Specific basis for divergence from the Division of Workers' Compensation (DWC) policies or guidelines adopted under Labor Code §143.011.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

[Check any of the following that were used in the course of this review.]

- 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.

X ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHRIOPRACTIC QUALITY ASSURANCE AND 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).

**CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.**