

RYCO MedReview

DATE OF REVIEW: 05/16/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior cervical discectomy and fusion at C5-C6 with ICBG and instrumentation with inpatient stay with a postoperative (63081, 63082, 63075, 63076, 22845, 22554, 22585, 69990, 20938, 76005, and L0172)

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

An MRI of the cervical spine interpreted by, M.D. dated 04/26/06
Evaluations with, M.D. dated 11/15/06 and 03/05/07
A letter of certification from, R.N., Nurse, dated 11/20/06
An MRI of the cervical spine interpreted by, M.D. dated 11/28/06
Evaluations with, P.A.-C. for Dr. dated 12/13/06 and 02/08/07
A phone conversation with, M.A. for Dr. dated 01/26/07
An authorization request from Dr. dated 3/07/07

A letter of denial from, R.N., Nurse, dated 03/09/07
A letter of reconsideration request from Dr. dated 03/23/07
A letter of appeal from Dr. dated 03/29/07
A letter of denial from, R.N., Nurse, dated 04/04/07

PATIENT CLINICAL HISTORY [SUMMARY]:

An MRI of the cervical spine interpreted by Dr. on xx/xx/xx revealed large disc bulges at C4-C5 and C5-C6. On 11/15/06, Dr. requested a repeat cervical MRI and also prescribed a Medrol Dosepak. A repeat cervical MRI interpreted by Dr. on 11/28/06 revealed moderate canal stenosis at C5-C6 and mild canal narrowing at C4-C5 and C3-C4. On 12/13/06, Ms. performed a right knee Cortisone injection. On 02/08/07, Mr. requested right knee surgery. On 03/05/07, Dr. requested cervical spine surgery. Ms. wrote a letter of denial for the surgery on 03/09/07. On 03/23/07, Dr. wrote a letter of reconsideration request for the surgery. Ms. wrote a letter of denial for the surgery on 04/04/07.

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

The patient has significant cervical symptoms that are more likely than not the result of a cervical spondylosis and stenosis that is noted. There are minimal other degenerative changes within the spine and the patient has not improved with cervical epidural injections, physical therapy, or medication. According to the textbook The Spine, axial pain can be treated in carefully selected individuals with a well performed anterior cervical discectomy and fusion. I believe this individual is a candidate for the anterior cervical discectomy and fusion at C5-C6 with ICBG and instrumentation with inpatient stay with a postoperative J Brace and this is reasonable and necessary as related to the original injury.

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)

The Spine