



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: November 12, 2007

IRO Case #:

Description of the services in dispute:

Request for surgery--anterior cervical decompression and fusion (ACDF) C3-4.

A description of the qualifications for each physician or other health care provider who reviewed the decision:

The physician who provided this review is board certified by the American Board of Neurological Surgery. This reviewer is a member of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons. The reviewer has completed training in both pediatric and adult neurosurgical care. This reviewer has been in active practice since 2001.

Review Outcome:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld.

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.

The anterior cervical decompression and fusion (ACDF) at C3-4 is not medically necessary.

Information provided to the IRO for review:

Records from the State:

IRO request undated 4 pages

Notice of case assignment 10/26/07 1 page

Confirmation of receipt of IRO request 10/25/07 1 page

Records from Insurance Co.:

Cover letter 10/26/07 1 page

Request for IRO 10/24/07 3 pages

List of providers 2 pages

Utilization Review Referral form undated 1 page

Request for CT cervical undated 1 page

Follow up note 3/22/07 1 page

Work Comp Insurance information undated 1 page

Request for Preauthorization 10/1/07 1 page

Denial decision 10/4/07 5 pages

Request for reconsideration 10/15/07 2 pages

Denial decision 10/22/07 5 pages

Records received from the provider:

Notice of IRO assignment 10/26/07 1 page

Procedure report 1/30/04 2 pages

Imaging report 7/8/04 1 page

Radiology report 8/27/04 1 page

Diagnostic studies 9/28/04 3 pages

MRI report 8/8/06 1 page

Electro diagnostic interpretation 9/7/06 2 pages

Operative note 10/11/06 3 pages

Muscle test findings 3/5/07 1 page

Grip exam 3/5/07 1 page

ROM exam 3/5/07 1 page

CT exam 4/5/07 2 pages

Office visit note 6/22/07 4 pages

Office visit note 7/24/07 2 pages

Operative note 8/13/07 3 pages

Office visit note 9/25/07 2 pages

Chart note 10/5/07 2 pages

Patient clinical history [summary]:

The patient is a male with neck and left arm pain. He has had three anterior cervical and two posterior cervical surgeries. He is also status post decompression of thoracic outlet and partial excision of first rib for a left thoracic outlet syndrome 01/30/2004. He underwent C4 selective

nerve root blocks on 08/13 with excellent relief for 5 weeks, but his symptoms returned. He has had physical therapy, acupuncture, multiple medications, and multiple injections. Neurological examination reveals global sensory loss bilaterally in both hands in a non-dermatomal distribution and some give way weakness in many muscle groups in the left upper extremity. Reflexes are hypoactive in bilateral upper extremities. MRI of the cervical spine 03/16/2007 shows a kyphotic spine fused from C4 to C7. The provider states there is severe spinal stenosis at C3–C4, but the report is not included. A CT scan 04/05/2007 shows a C3–C4 disc herniation to the left. At C4–C5 there are bilateral uncovertebral degenerative changes with mild left osseous foraminal encroachment. At C5–C6 there is left lateralizing spondylosis that flatten the cord and the ventral left C6 rootlet. At C6–C7, a left lateralizing spondylosis flattens the left ventral cord and ventral left C7 rootlet. EMG/NCV 09/07/2006 showed bilateral median nerve neuropathies, severe sensory neuropathy of the left ulnar nerve and bilateral C5–C7 radiculopathy, greater on the left. The provider is requesting a C3–C4 ACDF.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:

Based on the clinical information submitted, the surgery is not medically necessary. The latest MRI report of 03/16/2007 is not submitted. In no other imaging study: MRI of cervical spine 08/08/2006 or CT of cervical spine 04/05/2007, is the severe stenosis noted at C3–C4. Moreover, the patient is not myelopathic on examination. No mention is made of lower extremity reflexes. No pathologic reflexes are noted. In addition, there is nerve root compromise seen to the left at multiple levels and EMG shows radiculopathy in C5, C6, and C7 nerve roots. A myelogram and post-myelogram CT may be useful in this scenario.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG Treatment Guidelines, “Neck and Upper Back” chapter

ODG Indications for Surgery -- Discectomy/laminectomy (excluding fractures):

Washington State has published guidelines for cervical surgery for the entrapment of a single nerve root and/or multiple nerve roots. ([Washington, 2004](#)) Their recommendations require the presence of all of the following criteria prior to surgery for each nerve root that has been planned for intervention (but ODG does not agree with the EMG requirement):

- A. There must be evidence that the patient has received and 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. *Note:* Despite what the Washington State guidelines say, ODG recommends that EMG is optional if there is other evidence of motor deficit or reflex changes. EMG is useful in cases where clinical findings are unclear; there is a discrepancy in imaging, or to identify other etiologies of symptoms such as metabolic (diabetes/thyroid) or peripheral pathology (such as carpal tunnel). For more information, see [EMG](#).

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.