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Notice of Independent Review Decision

**DATE OF REVIEW: 10/17/07****IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Anterior cervical discectomy and fusion (ACDF) C4-C7 illiac crest graft: 63075, 63076, 22554, 22585, 209337, and 22845.

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

This case was reviewed by a board certified orthopedic surgeon on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal.

**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)

<i>Primary Dx Code</i>	<i>HCPCS/ NDC</i>	<i>Units</i>	<i>Begin/End Date</i>	<i>Type Review</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold / Overturned</i>
722.0				Prospective				Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for Independent Review by an Independent Review Organization forms – 9/21/07.
2. Determination Notices – 8/7/07 and 8/29/07.
3. Records and Correspondence from Clinic – 3/31/07-7/27/07.
4. Records and Correspondence– 4/11/07.
5. Records and Correspondence from Surgery – 1/30/07.

## **PATIENT CLINICAL HISTORY:**

This case concerns an adult male who sustained a work related injury. Records indicate that while working out in the field handling a telephone pole, he injured his neck when the pole became unbalanced. Diagnoses have included cervical disc disease (C4-C5, C5-C6, and C6-C7), and cervicgia with radiculopathy. Evaluation and treatment for this injury has included myelogram, CT scan, physical therapy, steroid injections, cervical distraction therapy, and medications.

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

This male reportedly sustained a twisting injury to his neck. A cervical MRI done on 1/30/07 showed cervical stenosis and disc herniations. A cervical myelogram and CT followed on 4/11/07 and revealed multilevel degenerative disc disease, cervical spondylosis, and neural foraminal narrowing. The patient was diagnosed with cervical spondylosis with radiculopathy, and an anterior cervical disectomy and fusion was recommended.

The cervical surgery was denied by the insurance carrier. The patient continued to report severe neck pain, and was diagnosed with neck pain with radiculopathy secondary to severe spinal stenosis and disc herniation. Conservative treatment continued which included physical therapy, medications, and epidural steroid injections. A physician examination dated 7/27/07 revealed the patient with a positive Spurling's sign on the right, decreased hand grip on the right, a decreased triceps reflex, and decreased sensation in the right index finger. The treating physician again recommended an anterior cervical disectomy at C4-5, C5-6 and C6-7.

The medical record documents some upper extremity weakness and numbness as well as degenerative disc disease at multiple levels. It is unclear whether or not the procedure needs to be an anterior decompression and fusion and/or some type of posterior operative procedure.

Official Disability Guidelines (ODG) Treatment in Worker's Comp 2007 Updates indicate, Neck and Upper Back: Anterior cervical disectomy & fusion Anterior fusion: Recommended as an option in combination with anterior cervical disectomy for approved indications, although current evidence is conflicting about the benefit of fusion in general.) Evidence is also conflicting as to whether autograft or allograft is preferable and/or what specific benefits are provided with fixation devices. Many patients have been found to have excellent outcomes while undergoing simple disectomy alone (for one- to two-level procedures), and have also been found to go on to develop spontaneous fusion after an anterior disectomy

ODG Indications for Surgery -- Disectomy/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.
- 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.

The MRI was felt to show stenosis, which was severe at C4-5 as well as a C5-6 disc herniation and C6-7 disc herniation. After careful review of the Official Disability Guidelines as well as the patient's CT myelogram results, the need for a three level anterior cervical discectomy and fusion is not supported by the available medical records that have been provided for review.

**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 TCADA 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)**