



Specialty Independent Review Organization

DATE OF REVIEW: 10/12/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a C5/6 anterior cervical fusion and C5/6 cervical foraminotomy with a two day LOS.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery with greater than 15 years of experience.

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 reviewer disagrees with the previous adverse determination for all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Mr., Dr., URA and the carrier).

These records consist of the following: Patient: pharmacy list and 7/9/07 LMN, Dr.: notes from Dr. from 7/2/07 to 8/22/07, 7/30/07 myelogram, CT cervical 7/30/07, notes from Dr. 9/21/06 through 04/26/07, 6/5/07 letter from DWC, 3/2/06 cervical MRI, 7/18/06 neurodiagnostic report, operative report of 10/16/06, discharge summary of 10/19/06, notes from 10/17/06-10/19/06, notes of MD 10/9/06, notes 10/19/06, Hospital radiology note of 10/20/06, various DWC 73's and 6/26/07 DD report.

URA: (not previously noted) 8/17/07 denial and 1/10/05 through 9/6/06 DWC PLN 11.

Carrier: (not previously reported) records from 2/3/06 through 8/6/07 , 4/5/06 through 6/14/07 notes by Dr., 6/18/07 letter, 7/27/06 to 9/29/06 IRO reports, 8/22/06 FCE, History forms, 8/22/06 Dx screening, 10/19/06 to 3/21/07 labwork, 10/16/06 neurodiagnostic report, C arm fluoroscopy, Hospital progress notes 10/16/06 to 10/19/06, 7/18/06 neurodiagnostic report, rehab progress notes 4/12/06 to 4/19/06, 4/12/06 PPE, CPT report of 4/5/06 and notes from to 3/4/06

We did not receive the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured while lifting heavy boxes when he fell injuring his neck on or about. He complains of persistent neck and right arm pain. The cervical myelogram of 7/30/07 was read as no evidence of solid bony fusion. He is diagnosed with pseudoarthrosis anterior cervical fusion with pain.

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

The ODG guidelines note that this procedure is an efficacious procedure. Conservative anterior cervical fusion techniques appear to be equally effective compared to techniques using allografts, plates or cages according to the ODG's. Pseudoarthrosis may be the most common complication of spinal fusion procedures. Anterior revision of failed cervical fusions using allograft interbody fusion material and anterior plating is a safe and efficacious procedure in this case.

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) Coric D et al revision of anterior cervical pseudarthrosis with anterior allograft fusion and plating. J Neurosurg. 1997 Jun;86(6): 969-74
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)