

P-IRO Inc.

An Independent Review Organization

835 E. Lamar Blvd., #394

Arlington, TX 76011

Phone: 817-274-0868

Fax: 866-328-3894

DATE OF REVIEW:

September 4, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Inpatient anterior cervical discectomy fusion with three days length of stay

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

Board Certified 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Procedure report, 03/22/05 and 01/10/07

Cervical spine x-ray and MRI, 05/11/06

Office notes, Dr., 08/25/06, 12/01/06, 01/26/07, 02/28/07 and 06/18/07

Computerized muscle testing and range of motion testing, 08/25/06, 12/01/06, 02/28/07 and 06/18/07

DDE, Dr., 09/26/06

EMG/NCS, 01/12/07

Lumbar spine MRI, 02/15/07

DDE, Dr. 03/13/07

Letter, Dr. 04/04/07

Peer review, Dr. 07/03/07

Peer review, Dr. 07/18/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This female was injured when pushing a dolly stacked with boxes. She sustained injury to the cervical, thoracic and lumbar spine. Records indicate that she had a previous cervical, thoracic and lumbar injury in 2004 for which she received a cervical epidural steroid injection on 03/22/05. Following the 2006 injury, a 05/11/06 x-ray of the cervical spine showed mild anterior spondylosis at C5-6. A 05/11/06 MRI of the cervical spine showed acute posterocentral subligamentous herniation at C5-6 measuring 3-4 mm compressing the thecal sac with associated epidural inflammation and effacement of the spinal cord and small multilevel discal protrusions at C3-4, C5-6 and C6-7. Records indicate that the claimant treated with chiropractor Dr. and was seen by Dr. on 07/25/06 and determined not to be a surgical candidate.

Dr. began treating the claimant on 08/25/06. On exam the claimant was neurologically intact with decreased cervical range of motion. It was also noted that the claimant was scheduled to see Dr. for chronic pain as well as suicidal ideation. On 09/26/06 Dr. performed a designated doctor evaluation. The claimant had multiple positive Waddell findings and no objective evidence of radiculopathy. The diagnosis was lumbar strain, cervical strain and chronic pain syndrome.

At the 12/01/06 visit with Dr. the claimant complained of cervical pain which radiated into the bilateral upper extremities. There was also persistent thoracic and lumbar spine pain. He felt that the cervical spine films from 5/11/06 showed a disc herniation at the C5-6 level with significant central stenosis and there were smaller protrusions at the C3-4, C4-5 and C6-7 levels. On exam there was decreased cervical range of motion. Sensation and motor strength appeared symmetrical. Reflexes were symmetrical. The diagnosis was HNP at C5-6 with radicular complaints. A cervical epidural steroid injection was performed on 01/10/07 without any significant benefit. An EMG on 01/12/07 demonstrated no clear evidence of cervical radiculopathy.

A 01/26/07 office note from Dr. documented tenderness of the cervical paraspinal musculature, pain with range of motion and intact motor/sensory exam. The diagnosis was HNP C5-6 with radicular complaints and protrusions at C3-4 and C6-7. The claimant also had lumbar pain and a lumbar MRI was done. At the follow up visit of 02/28/07 Dr. discussed cervical surgery and ordered a cervical discogram which was not authorized.

A designated doctor exam was done on 3/13/07 by Dr. who documented very significant Waddell findings. On 06/18/07 Dr. documented 9/10 cervical and lumbar pain. The claimant had paresthesias along the bilateral C6 distribution, right worse than left. Upper extremity strength and sensation were symmetrical. Reflexes were symmetrical. She had decreased cervical range of motion and increased pain with axial compression of the cervical spine. The diagnosis was HNP at C5-6. Dr. noted that there was a clear disc herniation at C5-6 on MRI. He wanted to test the integrity of C6-7 with discography but indicated that he would proceed with cervical discectomy and fusion at C5-6. Surgery was denied on peer reviews of 07/03/07 and 07/18/07 due to no evidence of radiculopathy and a normal neurological exam.

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

Anterior cervical discectomy and fusion at C5-6 with a three day length of stay does not appear to be medically necessary according to the abundance of data indicated in the

records provided. This claimant appears to have degenerative disc disease at multiple levels of the cervical spine with reports in the records of diffuse pain. Though Dr. reports paresthesias bilaterally in the C6 nerve root distribution, Dr. and Dr. indicated diffuse complaints with multiple positive non-organic findings and Waddell criteria. It appears that the claimant has even been described as having "generalized body pain". No examiner has been able to indicate focal radicular objective findings specifically strength, sensation, reflexes have been noted to be normal. Electrodiagnostic studies were also negative for cervical radiculopathy.

Given the lack of objective radiculopathy the requested C5-6 fusion would not be deemed medically necessary based on a careful review of all medical records.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Neck and Upper Back; Anterior Cervical Fusion.

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.

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)**