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Notice of Independent Review Decision

DATE OF REVIEW: September 26, 2007

IRO CASE #:

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

This case was reviewed by a neurosurgeon, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

ACDF C5-6/C6-7

REVIEW OUTCOME

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

Upheld (Agree)

REVIEW OF RECORDS

- o Submitted medical records were reviewed in their entirety.
- o July 31, 2007 utilization review report by M.D.
- o August 20, 2007 utilization review report by M.D.
- o May 19, 2006 cervical spine MRI report by M.D.
- o August 10, 2007 fax cover sheet from Surgery Group
- o May 17, 2006 through August 7, 2007 chart notes from Surgery Group

CLINICAL HISTORY SUMMARY

The patient sustained an injury to his neck. On July 31, 2007 a non-certification was rendered through utilization review for an anterior cervical discectomy and fusion. The report states that the mechanism of the injury is unknown. According to the report, the claimant has had extensive treatment for cervical complaints and has undergone an MRI showing multiple level spondylosis with relative stenosis at C6-7 and possible cystic lesions on the left lobe of the thyroid. The physical examination by the requesting physician as early as October 2006 reported no sensory, motor deficit, symmetric deep tendon reflexes, and no cranial nerve deficit. Recent physical examination showed positive axial compression creating mostly left C5-7 dermatomal pain, motor symmetric, symmetric reflexes, and sensory within normal limits. The reviewer stated that the claimant has a normal physical examination and therefore a denial was issued.

A second utilization review was performed on August 20, 2007 and another non-certification was rendered for the request. The reviewer commented that the patient is a male who has been under the care of several providers. On May 8, 2007, the patient reported some relief following cervical epidural steroid injections. The review of systems is positive for psychological issues associated with a chronic pain syndrome. With the exception of painful cervical range of motion, positive Spurling's test, and reproduction of pain in the bilateral upper extremities with axial compression, the exam was normal. It was noted that there was no evidence of any motor strength loss in the upper extremities, deep tendon reflexes were intact, and sensation was

completely intact. Reasons for the non-certification included that the MRI imagery essentially showed normal age-related changes with the development of degenerative stenosis at C6-7. This was reported to be congenital and would not have been a result of the patient's work related injury according to the reviewer. The records do not include a detailed psychosocial evaluation and the patient has no evidence of clinical radiculopathy.

In reviewing the medical records, the patient underwent a cervical spine MRI on May 18, 2006 with an impression of multilevel cervical spondylosis, developmental spinal canal stenosis at C6-7, and evidence suggesting possible cystic lesions of the left lobe of the thyroid gland for which ultrasound was recommended. At C3-4 through C6-7, bilateral uncovertebral hypertrophy, mild spinal canal stenosis, and mild bilateral foraminal narrowing were noted. At the C7-T1 level, the MRI demonstrated bilateral facet osteoarthritis and uncovertebral hypertrophy, mild spinal canal stenosis, mild left foraminal narrowing, and moderate right foraminal narrowing.

A July 19, 2007 chart note states that the patient has failed conservative treatment and injections are not helping. The patient complains of no numbness, no tingling, and no weakness. The most recent physical examination findings, dated June 28, 2007, include negative Spurling test, positive axial compression for reproduction of pain to the bilateral upper extremities (mostly left C5, C6, and C7 dermatomes), normal upper extremity motor strength, sensation within normal limits, and symmetric upper extremity deep tendon reflexes.

ANALYSIS AND EXPLANATION OF DECISION

This request fails to meet the criteria specified by the Official Disability Guidelines (ODG) for the medical necessity of cervical discectomy. As noted below, according to the ODG, there should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level. The medical records fail to document a motor deficit, reflex change, or positive EMG study. Given that the patient does not meet these criteria, the medical necessity of this request has not been established in the submitted documentation. In addition, I agree with the previous peer review physician that the MRI findings demonstrate somewhat mild age-related changes. Therefore, my recommendation is to uphold the decision to non-certify the request for ACDF C5-6/C6-7.

The IRO's decision is consistent with the following guidelines:

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

GUIDELINES / REFERENCES:

According to the Official Disability Guidelines in Worker's Compensation (2007), cervical fusion is 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. (See Discectomy/laminectomy/laminoplasty.)

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.

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.