



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 04/02/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Inpatient surgery for anterior cervical plating with an anterior cervical discectomy and fusion and anterior plate of the C4-C5 segment with plate or mosaic prosthesis with a four day inpatient stay

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

Board Certified in Orthopedic Surgery

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)

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.

Inpatient surgery for anterior cervical plating with an anterior cervical discectomy and fusion and anterior plate of the C4-C5 segment with plate or mosaic prosthesis with a four day inpatient stay - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Evaluations with M.D. dated 08/21/97, 01/11/00, 05/17/06, 07/18/06, 04/24/07, 08/02/07, and 01/22/08

An evaluation with an unknown provider (no name or signature was available) dated 02/22/00

An operative report from Dr. dated 08/03/03

An EMG/NCV study interpreted by M.D. dated 01/17/06

A CT scan of the cervical spine interpreted by M.D. dated 07/05/06

A letter from M.D. dated 09/20/06

A preauthorization request from an unknown provider dated 12/27/06

Letters of authorization from dated 12/28/06 and 06/04/07

A pre-anesthesia record from an unknown anesthesiologist (signature was illegible) dated 02/12/07

An anesthesia record from an unknown provider (signature was illegible) dated 02/12/07

Procedure notes from Dr. dated 04/24/07 and 01/22/08

Radiographic readings from Dr. dated 04/24/07, 08/02/07, and 01/22/08

Evaluations with M.D. dated 06/22/07 and 11/15/07

A letter of medical necessity from Dr. dated 06/26/07

CT scans of the cervical and lumbar spine interpreted by M.D. dated 08/27/07

A letter from D.O., according to the ODG, dated 10/24/07

Notice of Intent to Issue an Adverse Determination letters from dated 11/19/07, 02/07/08,

Letters of non-authorization, according to the ODG, from dated 11/20/07, 02/11/08, and 02/14/08

A preauthorization request from Dr. dated 02/05/08

A reconsideration request from Dr. dated 02/12/08

The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On 08/21/97, Dr. recommended an MRI of the lumbar spine. On 01/11/00, Dr. prescribed Vicodin, Esgic Plus, Skelaxin, Neurontin, Ferrous Sequella, Fosamax, and Calcet. On 08/02/03, Dr. performed cervical spine surgery at C5 to C7. An EMG/NCV study interpreted by Dr. on 01/17/06 revealed acute radiculopathy in the right C5 and bilateral C6 and C7 motor roots. On 05/17/06, DR. recommended Celebrex, Flexeril, and a CT scan of the cervical spine. A CT scan of the cervical spine interpreted by Dr. on 07/05/06 revealed some degenerative changes at C6-C7. On 07/18/06, Dr. recommended an EMG study. On 12/27/06 wrote a letter of authorization for a spinal cord stimulator battery replacement and program. On

04/24/07, Dr. performed a trigger point injection of the upper trapezius. On 06/04/07, wrote a letter of authorization for a repeat cervical MRI. A CT scan of the cervical spine interpreted by Dr. on 08/27/07 revealed postoperative changes at C5 through C7 with a disc protrusion at C4-C5. A CT scan of the lumbar spine interpreted by Dr. on 08/27/07 revealed postoperative changes at L5-S1 and a mild disc bulge at L4-L5. On 11/15/07, Dr. recommended physical therapy three times a week for six weeks. On 11/20/07, wrote a letter of non-authorization for a repeat EMG/NCV study. On 01/22/08, Dr. recommended further cervical spine surgery and performed trigger point injections. On 02/11/08 and 02/14/08, wrote letters of non-authorization for cervical surgery. On 02/12/08, Dr. wrote a letter of reconsideration request for the surgery.

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

This patient is not a candidate for any surgical procedure. She has chronic pain of a non-physiological nature. The patient has been through pain management programs and is currently receiving a great deal of medication, allegedly without benefit. The patient has some mild degenerative changes. They do not mask the formal physical findings. It should be noted that the average inpatient stay following an anterior discectomy and fusion is one day post operatively. Therefore, a surgical procedure is neither reasonable nor necessary.

Based on screening criteria using the ODG, my knowledge as an orthopedic spine surgeon, and utilizing data from the textbook by Simeon and Rothman, The Spine, the request for inpatient surgery for anterior cervical plating with an anterior cervical discectomy and fusion and anterior plate of the C4-C5 segment with plate or mosaic prosthesis with a four day inpatient stay is neither reasonable nor necessary.

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 AND KNOWLEDGE BASE
- 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)

The Spine, Simeon & Rothman