

Independent Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW: 04/04/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace

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

Board Certified Nuerosurgeon with additional training in pediatric neurosurgery

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

OD Guidelines

Letters of denial to Dr. 03/07/2008, 03/17/2008

Dr. clinic notes 03/04/2008, 02/05/2008

Cervical myelogram report 02/29/2008

Electrodiagnostic report 10/30/2007

MRI of the cervical spine reports 10/01/2007, 03/14/2006

MRI of the brain report 01/29/2008

MRI of the thoracic spine report 07/21/2005

CT of the head and cervical spine report 12/12/2007

Cervical spine films 07/01/2005

Operative reports 12/20/2005

Clinic notes Dr. 08/01/2005, 09/14/2005, 11/02/2005, 11/14/2005, 12/14/2005,

HEALTH AND WC NETWORK CERTIFICATION & QA 4/30/2008

IRO Decision/Report Template- WC

01/04/2006, 02/16/2006, 03/02/2006, 03/23/2006, 03/30/2006, 09/20/2007, 10/03/2007, 10/25/2007

Plain films of the cervical spine 08/01/2005

On-call note Dr. 12/26/2005

Prior reviews 03/07/2008, 03/13/2008

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who has had two cervical surgeries in the past: 1988, 2005. In 1988, he had a trauma to his spine and had a posterior wiring/fusion at C5-C6 and C6-C7. In 2005, he had exploration of posterior fusion C5-C6 and C6-C7 with removal of broken wires. He also underwent a C5-C6 ACDF with interbody cage and an attempted C6-C7 similar procedure. However, because of the patient's anatomy, this level was not fused. He has also had a posterior fusion at C5-C6 and C6-C7. The patient complains of pain in the left arm and weakness in the hand. EMG/NCV 10/30/2007 shows no evidence of radiculopathy. On examination, he has weakness of the biceps and triceps in the left upper extremity. MRI of the cervical spine 10/01/2007 shows 2mm anterolisthesis at C6-C7. There is severe narrowing of the C6-C7 interspace. This causes mild left foraminal stenosis. CT myelogram on 02/29/2008 is nondiagnostic at the C5-C6 and C6-C7 levels. He is diagnosed with probable nonunion fibrous pseudoarthrosis at C5-C6 and C6-C7. The provider is requesting an anterior cervical exploration of fusion C5-C6 and C6-C7 with possible refusion of those levels and a two-day length of stay.

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

The procedure is medically necessary. The patient has already had a pseudoarthrosis at C5-C6 and C6-C7 in the past. Only the C5-C6 level was fixed anteriorly. There is now some listhesis seen at C6-C7, as well as significant narrowing of the disc space and a left foraminal stenosis. The patient is complaining of left arm pain and has left triceps weakness on examination. There is, therefore, sufficient evidence to warrant a re-exploration of C5-C6 and C6-C7 with refusion, and, particularly, an anterior fusion at C6-C7, which has never been done before, if the level is found to be nonfused intraoperatively.

References/Guidelines

The ODG does not specifically mention pseudoarthrosis and the treatment for this condition after cervical surgery.

[Spine J.](#) 2006 Mar-Apr; 6(2): 154-6. Epub 2006 Jan 25.

Treatment of anterior cervical pseudoarthrosis: posterior fusion versus anterior revision.

Carreon L, Glassman SD, Campbell MJ.

[Spine.](#) 1999 May 1; 24(9): 860-4.

The efficacy of anterior cervical plating in the management of symptomatic pseudoarthrosis of the cervical spine.

Tribus CB, Corteen DP, Zdeblick TA

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
 - SEE ABOVE
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)