

C-IRO, Inc.
An Independent Review Organization
7301 Ranch Rd. 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 18, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Arthroplasty C5-6

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

MD, Board Certified Neurosurgeon

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.

The reviewer finds that medical necessity does not exist for Arthroplasty C5-6.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 7/7/08, 7/24/08
ODG Guidelines and Treatment Guidelines
, 8/28/07, 6/10/08, 8/27/07, 7/28/08, 3/17/08, 6/10/08, 5/7/08, 4/16/08, 3/28/08, 3/10/08,
2/6/08, 1/14/08, 12/7/07
MRIs, 5/21/08, 3/23/07, 4/2/07
Operative Notes, 4/18/08, 10/15/07, 1/3/08
FCE, 9/5/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx-year-old female with a date of injury xx/xx/xx, when she fell from a ladder while hanging a banner. She complains of primarily neck pain with some numbness into her hands. She has had physical therapy, medications, and cervical

epidural steroid injections. Neurological examination reveals decreased wrist extension bilaterally. MRI of the cervical spine 03/23/2007 reported C5-C6 moderate spondylosis with moderate right and severe left intervertebral foraminal stenosis. There is a disc herniation causing moderate to severe central stenosis, as well. Electrodiagnostic testing 03/17/2008 reveals carpal tunnel syndrome, left greater than right. A repeat MRI of the cervical spine 05/21/2008 reveals at C5-C6 mild spinal canal stenosis, and bilateral neuroforaminal narrowing left, greater than right. At C4-C5 there is a disc bulge, creating a mild-to-moderate neuroforaminal stenosis on the right. The provider is requesting a C5-C6 disc arthroplasty.

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

The Official Disability Guidelines state that cervical disc arthroplasty is “not recommended.” There is nothing specific to this patient’s case that warrants an exception to this recommendation. The long-term data regarding the efficacy and safety of an artificial cervical disc is lacking. For this reason primarily, the procedure is not recommended by the ODG. The reviewer finds that medical necessity does not exist for Arthroplasty C5-6.

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

[J Neurosurg Spine](#). 2007 Mar;6(3):198-209.

Clinical and radiographic analysis of cervical disc arthroplasty compared with allograft fusion: a randomized controlled clinical trial. [Mummaneni PV](#), [Burkus JK](#), [Haid RW](#), [Traynelis VC](#), [Zdeblick TA](#)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)