



**RYCO**  
MedReview

514 N. Locust St.  
Denton, TX. 76201  
Off: (940) 382-4511  
Fax: (940) 382-4509  
Toll Free: (877) 234-4736

## Notice of Independent Review Decision

**DATE OF REVIEW:** 12/19/08

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression), cervical below C2

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

Licensed in Neurology

### **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.

Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression), cervical below C2 - Overturned

### **PATIENT CLINICAL HISTORY** **(SUMMARY):**

The patient sustained injuries to his neck and low back in xx/xx while doing heavy lifting. He also reported that he was injured again in xxxx and then recently aggravated his symptoms again on 04/28/08. It was noted that he underwent physical

therapy in May

2008/June 2008 and also had an epidural steroid injection. MRI's were also performed, and his most recent medications were noted to be Hydrocodone, calcium, and medicine for joint disease.

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

Yes, the arthrodesis anterior interbody technique including minimal discectomy to repair interspace other than decompression cervical below C2 is medically reasonable and necessary. Based on ODG Treatment Guidelines for diagnosis code 723.0, spinal stenosis of the cervical region, procedure code 22554 is medically necessary and indicated in this case based on the patient's clinical examination. Based on the diagnosis from the orthopedist and the neurosurgeon, the patient has a history and physical findings showing cervical radiculopathy/myelopathy with MRI scan showing 8 mm of spinal stenosis. Objective findings do include weakness in the arms, numbness in the arms, and reflex changes having failed conservative treatment including therapy and at least one cervical epidural steroid injection. Therefore, based on the physical findings, history, and ODG Treatment Guidelines, cervical surgery at C5-C7 to include anterior discectomy and fusion would be medically necessary and appropriate.

**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)**