

PRIME 400 LLC
240 Commercial Street, Suite D
Nevada City, California 95959

DATE OF REVIEW: DECEMBER 7, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

C3-T1 posterior instrumented fusion with laminectomy with Osteogen stimulator and Miami J with 3 days inpatient stay (CPT 63015, 63035, 22842, 22800, 20902, 22600, 22614x4, 77002, 69990, E0748, L0174)

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

MD, Board Certified Orthopedic Surgeon

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 C3-T1 posterior instrumented fusion with laminectomy with Osteogen stimulator and Miami J with 3 days inpatient stay (CPT 63015, 63035, 22842, 22800, 20902, 22600, 22614x4, 77002, 69990, E0748, L0174).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 10/16/08, 10/28/08
ODG Guidelines and Treatment Guidelines
MD, DDE, 9/27/08
Orthopedic Institute, 10/21/08, 10/7/08, 7/28/07, 7/31/08, 7/14/08, 6/25/08, 2/15/08, 1/30/08, 1/15/08, 12/21/07, 12/7/07, 11/14/07, 10/31/07, 9/19/07, 8/22/07, 8/6/07, 6/26/07, 5/17/07, 5/1/07, 3/21/07, 3/13/07

Operative Report, 7/28/07
MRI Cervical Spine, 7/16/08, 3/8/07
Cervical Myelogram and Post Myelogram CT, 7/16/08, 6/19/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is an injured worker xx years of age who has undergone a previous C4 to C7 anterior cervical fusion. She is said to have had improvement after the initial surgery. Her complaints appear to be predominantly the C6 radiculopathy. However, this has returned along with many other complaints. The records are replete with diverse diagnoses and moving target neurologic evaluations.

On 12/21/07 she complained she had right upper extremity pain extending down to the lateral aspect of the right arm and dorsal aspect of the right forearm, dorsal aspect of the wrist and thumb, index, long, and ring fingers. On examination it was found she had a positive Tinel's sign and positive Phalen's sign of the right wrist, indicating carpal tunnel syndrome and also "double crush syndrome." She was given an injection in the right carpal tunnel syndrome, and it stated that she had complete alleviation of her thumb discomfort, and the rest of the ulnar palm complaints completely resolved. She was stated to have paresthesias still over the index, long, and ring fingers as well as discomfort along the dorsal aspect of the index finger. She was also evaluated on another visit of 01/15/08. At this point she complained that apparently she was improving but she had not undergone any treatment for the carpal tunnel syndrome other than the injection. The past neurological complaints were either still present, absent, or not documented. On 01/30/08, the patient stated she was extremely pleased with her results. Notwithstanding this, she had dysesthesias over her biceps (a new finding), dorsal aspect of the forearm to thumb and index finger, as well as discomfort to the palmar aspect of both hands and fingers in the distribution of the median nerve bilaterally with positive Tinel's sign and Phalen's and paresthesias in the index, thumb, long, ring, and small fingers. A diagnosis was made of double crush syndrome. No explanation was made as to why she now had complaints affecting the C7 and C8 roots or an ulnar neuropathy, which had not previously been discussed. She was again once again reviewed by the treating surgeon on 02/15/08, and at this visit she complained of posterior triceps discomfort and bilateral hand numbness, tingling, and pain, another new finding. Apparently she now has severe posterior triceps pain and bilateral upper extremity pain into both of her hands. Physical examination was not performed on that visit, but an EMG/NCV study was recommended.

She was reviewed again on 06/25/08. At this time it was stated that she had developed adjacent cervical segment disease at C3/C4. It was also stated that she had now C4 radicular complaints with flexion and extension as well as a Spurling's maneuver. Flexion/extension views were recommended, and she also was asked to have a cervical spine myelogram with post CT scan MRI scan with and without contrast.

She was seen on 07/14/08. At this time surgery was contemplated. A diagnosis of instability of C3/C4 was mentioned. The complaints of having instability problems with C7/T1 were not. The MRI contradicts the patient's complaints. There is not a single level with any significant central or canal stenosis. There is a 2-mm disc bulge at C2/C3 and C3/C4, and at C7/T1 there is some degeneration with 3 mm of anterior listhesis and a 3-mm bulge but minimal ventral impression and no central foraminal stenosis.

The patient underwent a myelogram and post myelographic CT scan, and once again it contradicts the patient's complaints. At every level there was no significant central or canal stenosis, there was no noted disc bulge at C2/C3, a 2-mm bulge was seen at C3/C4, and from C4 to T7 there was noted to be anterior fusion and plate fixation. There was felt to be no pseudoarthrosis at all present at the C5/C6 level and questionable pseudoarthrosis at C4/C5 level and some questionable lucency at the C6/C7 level. Of great interest was that there was also noted to be a possible right C6/C7 articular pillar stress lesion and sclerosis of the contralateral pillar. There were no myelographic defects seen. She has also undergone plain bone films. There is a note on these films, that there is 4 mm of atlanto-dens articulation, i.e. C1/C2 translation displacement, 3 mm at C3/C4, and a note of some degeneration at C7/T1 and possibly some instability up to 3 mm. In the impression, however, the radiologist notes that there is instability at C2/C3 and C3/C4.

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

This patient presents with a multitude of problems than have not been explained. She has some mild instability of the C3/C4 level above the fusion and some mild instability of the C6/C7 level. She has misplaced anterior cervical fixation screw into the disc. There has not been any discography to determine if any of these discs are the pain generators. She has a fusion, which is said to be pseudoarthritic one. It has not been determined if this is the pain generator. Furthermore, she has the stress lesion noted inferiorly at the C7/T1 level. The medical records demonstrate there are many possible origins for her pain. The ODG Guidelines state that the pain generators must be clearly identified, and they are not clearly identified in this patient's case.

The proposed surgery to extend from T1 up to the C3 level, is far outside the criteria provided in the ODG Treatment Guidelines. The guidelines call for the surgeon to provide an explanation of why a patient should have a surgical procedure that deviates so far from the core elements of the guidelines, and the surgeon has not provided this in the medical records presented for this review.

In addition, the proposed surgery does not have support on the basis of the medical records as this patient's neurologic findings are not compatible with the imaging studies.

It is for all of these reasons that the reviewer finds that medical necessity does not exist for C3-T1 posterior instrumented fusion with laminectomy with Osteogen stimulator and Miami J with 3 days inpatient stay (CPT 63015, 63035, 22842, 22800, 20902, 22600, 22614x4, 77002, 69990, E0748, L0174).

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)