

US Resolutions Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

Notice of Independent Review Decision

DATE OF REVIEW: JULY 17, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

3-Day LOS and (63020, 63035 x 3), laminotomy decompression posterior cervical laminectomy/foraminotomies at C3 to C7 and ACDF at C3-4 (22445, 63075, 22845, and 20931)

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 3-Day LOS and (63020, 63035 x 3), laminotomy decompression posterior cervical laminectomy/foraminotomies at C3 to C7 and ACDF at C3-4 (22445, 63075, 22845, and 20931).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

MRI cervical spine, 10/25/07
Head CT, 10/25/07, 10/25/07, 10/26/07, 10/30/07
H&P, Dr. , 10/25/07
Consultation, Dr. t, 10/30/07
Cervical CT/myelogram, 10/30/07
Peer review, Dr. , 11/6/07
Letter, Dr. , 11/9/07
H&P, Dr. , 11/16/07
CT brain, 11/17/07
MRI cervical spine, 11/17/07
Discharge summary, Dr. , 11/18/07
Office note, Dr. , 12/10/07, 04/09/08, 04/23/08, 05/14/08, 05/28/08
Physical therapy progress note, 1/18/08
Psychology evaluation report, 4/5/08
Office note, Dr. s, 4/7/08
Utilization review, 4/28/08
Letter of appeal, Dr. , 5/7/08
5/16/08 Peer review
Consultation, Dr. , 5/27/08
Cervical X-rays, 5/28/08
EMG/NCS, 5/28/08
Peer review, Dr. , 6/4/08
Peer review, Dr. , 7/3/08
ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year old male who was injured on xx/xx/xx when he fell asleep driving and the vehicle over turned. He was admitted to the hospital and diagnosed with a subdural hematoma. He complained of neck pain and cervical imaging revealed cord compression and myelomalacia at C3-4 and spondylitic stenosis from C3-4 through C6-7. Complaints and exam findings on 11/16/07 when the claimant came under the care of Dr. were noted to be mild persistent neck pain and slight numbness along the right anterior thigh and to a lesser degree on the left. The claimant had full cervical range of motion, normal strength and very slight reduced left biceps reflex and slightly reduced right triceps reflex. Lower extremity reflexes were normal. There was slight decreased subjective sensation to touch in the right anterior thigh. The claimant was evaluated by a neurologist and placed on medication for possible seizures. His cervical symptoms worsened after discharge from the hospital and he was treated with physical therapy.

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

It is important to note that although degenerative changes are noted throughout this gentleman's cervical spine, there is no instability. The electrodiagnostics of May 2008, seven months after the injury, remained normal. There is no clear evidence of some evolving neurologic deficit. With the evidence provided by the medical records, I would agree with prior

reviewers and would not recommend as medically necessary the proposed procedure. The reviewer finds that medical necessity does not exist for 3-Day LOS and (63020, 63035 x 3), laminotomy decompression posterior cervical laminectomy/foraminotomies at C3 to C7 and ACDF at C3-4 (22445, 63075, 22845, and 20931).

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates, Neck.

Decompression

Definition: Decompression is a surgical procedure that is performed to alleviate pain or neurological dysfunction caused by neural impingement. Neurological impingement can result in radiculopathy, specific spinal nerve dysfunction or, when impinging on the cord, myelopathy. In the past decompression was generally performed as a laminectomy through a posterior approach. An anterior approach is now commonly recommended. See Discectomy/laminectomy/laminoplasty; & Decompression, myelopathy. The posterior approach includes the following procedures: (1) Laminectomy or laminotomy; and (2) Laminoplasty, which is a posterior approach that allows for retention of a covering of posterior laminar bone and ligamentum flavum over the spinal cord. It is thought to minimize instability, limit constriction of the dura from extradural scarring, and obviate the need for fusion. See also Fusion, anterior cervical; & Fusion, posterior cervical. (Rao, 2006)

ODG Indications for Surgery™ -- Discectomy/laminectomy (excluding fractures):

Washington State has published guidelines for cervical surgery for the entrapment of a single nerve root and/or multiple nerve roots. ([Washington, 2004](#)) Their recommendations require the presence of all of the following criteria prior to surgery for each nerve root that has been planned for intervention (but ODG does not agree with the EMG requirement):

- A. There must be evidence that the patient has received and failed at least a 6-8 week trial of conservative care.
 - B. Etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures.
 - C. There must be evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test.
 - D. There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level. *Note:* Despite what the Washington State guidelines say, ODG recommends that EMG is optional if there is other evidence of motor deficit or reflex changes. EMG is useful in cases where clinical findings are unclear; there is a discrepancy in imaging, or to identify other etiologies of symptoms such as metabolic (diabetes/thyroid) or peripheral pathology (such as carpal tunnel). For more information, see [EMG](#).
 - E. An abnormal imaging (CT/myelogram and/or MRI) study must show positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings. If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic.
- Fusion, anterior cervical Recommended as an option in combination with anterior cervical discectomy for approved indications, although current evidence is conflicting about the benefit of fusion in general. (Predictors of outcome of ACDF: Predictors of good outcome include non-smoking, a pre-operative lower pain level, soft disc disease, disease in one level, greater segmental kyphosis pre-operatively, radicular pain without additional neck or lumbar pain, short duration of symptoms, younger age, no use of analgesics, and normal ratings on biopsychosocial tests such as the Distress and Risk Assessment Method (DRAM). Predictors of poor outcomes include non-specific neck pain, psychological distress, psychosomatic problems and poor general health. (Peolsson, 2006) (Peolsson, 2003) See Plate fixation, cervical spine surgery. See also adjacent segment disease/degeneration (fusion) & Iliac crest donor-site pain treatment.

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)