

# Applied Assessments LLC

An Independent Review Organization  
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## Notice of Independent Review Decision

**DATE OF REVIEW: JULY 21, 2008**

**IRO CASE #:**

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

Anterior cervical discectomy with anterior interbody fusion C3-C7, plate removal C3-C7, and possible C5 corpectomy and placement of Harms cage with one-day inpatient stay.

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

Board Certified Neurosurgeon 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)

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 anterior cervical discectomy with anterior interbody fusion C3-C7, plate removal C3-C7, and possible C5 corpectomy and placement of Harm's cage with one-day inpatient stay.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 6/13/08, 6/16/08, 6/24/08  
CT of the lumbar spine report 1/10/2005  
Myelogram and post-myelo CT report cervical and lumbar with addendum

05/20/2008  
, MD, 7/5/07  
, MD, 01/25/2007, 6/19/07, 6/3/08, 3/21/06, 4/4/06, 8/31/06, 11/19/06, 12/6/06,  
4/5/07, 1/22/08  
Psych Evaluations, 10/31/07, 1/30/08, 5/23/06, 8/16/06, 12/29/06, 10/31/07,  
2/27/08  
Operative Reports, 8/17/07, 9/21/06, 7/28/06, 12/21/05, 12/6/06  
, DC, 11/01/2005, 12/23/2005, 03/21/2006, 03/28/2006, 04/06/2006, 05/02/2006,  
06/14/2006, 06/29/2006, 07/17/2006, 07/27/2006, 09/18/2006, 10/19/2006,  
12/18/2006, 01/15/2007, 02/17/2007, 04/09/2007, 05/21/2007, 06/14/2007,  
06/21/2007, 06/28/2007, 08/02/2007, 10/09/2007, 10/11/2007, 12/10/2007,  
02/04/2008  
, 3/25/08, 12/28/07, 10/17/07  
MRI of Cervical Spine, 5/10/06  
CT Cervical Spine, 7/28/06  
MRI of Lumbar Spine 3/27/06 (with second opinion report), 6/15/07  
, MD, 8/9/06, 10/24/06, 12/5/06, 4/5/07, 7/11/07, 9/4/07, 11/8/07, 3/25/08, 6/7/06,  
9/26/06, 8/15/07, 12/28/2007, 10/17/2007, 04/25/2007  
, MD, 2/11/08, 3/11/08, 1/6/06  
, MD, 2/14/08  
, MD, 11/23/2005, 1/4/06, 7/19/06  
, MD, 7/2/08, 05/19/2008, 6/11/08  
FCE, 2/2/07  
EMG, 6/16/06  
, MD, 9/15/06, 11/15/06  
, 9/15/06, 10/24/2006, 12/05/2006, 4/25/07, 6/13/07, 7/11/07, 8/15/07, 10/17/07,  
3/25/08  
, MD, 4/4/07, 9/25/07, 11/12/07  
MS, 9/21/06  
, MD, 3/3/08, 1/7/08, 2/4/08, 8/21/06, 7/3/06  
ODG Guidelines, Neck and Upper Back  
Employee Incident Report, 10/21/05  
, MD, 11/3/05, 1/19/06, 2/9/06, 3/9/06, 6/29/06, 7/27/06, 8/24/06, 1/15/07,  
2/12/07, 4/5/07, 5/3/07, 5/31/07  
Transcription of Conversation with Patient, 11/18/05  
, MD, 5/26/06  
, DC, 6/1/06  
Letter by attorney 07/07/2008  
Complaint to TX medical board against 11/28/2007  
EMG/NCV 07/05/2007  
Pathology reports 09/21/2006, 08/17/2007  
Decision and order TX dept. of insurance 04/18/1008, 04/23/2008  
Impairment Rating Evaluation Report 11/19/2007  
Letter by claimant

Hospital chart from 12/06 admission  
Prior IRO 06/02/2007  
Hospital chart for 08/2007 admission  
Hospital chart from 09/2006 admission

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient has a date of injury xx/xx/xx. He was carrying a tray of instruments when he tripped and fell. He has had several lumbar surgeries and has a fusion from L3-S1. He has had a decompressive lumbar surgery in 12/2006. Although there are many records reviewed regarding the lumbar spine, this review focuses on the cervical spine. On 07/28/2006 he underwent a cervical discogram at C4-C5, C5-C6, and C6-C7. There was concordant pain at C5-C6, but no pain at C4-C5 or C6-C7. There was some lateral recess stenosis seen at both C5-C6 and C6-C7. On 09/21/2006 the claimant underwent a C5-C6 and C6-C7 ACDF. As of 06/14/2007, he had completed 12 sessions of post-operative PT. On 08/17/2007, the claimant underwent an ACDF at C3-C4 and C4-C5. On 02/14/2008 a psychiatrist diagnosed the patient with Factitious Disorder with Combined Psychological and Physical Signs and Symptoms. This same psychiatrist felt that the patient was seeking surgery, even if not medically indicated. The claimant complains of incontinence, yet urodynamic studies have failed to demonstrate a neurogenic bladder from either lumbar or cervical dysfunction. He talks with a normal voice, but is complaining of some swallowing difficulty that is worsening. He complains of parasthesias in his arms and legs. He has chronic and severe pain in his neck as well as arm pain. A post-myelogram CT 05/20/2008 reveals central and right paracentral disc protrusion at C2-C3 with no central or foraminal stenosis. At C3-C4: a mild diffuse annulus bulge with mild central stenosis and no foraminal stenosis; at C4-C5 a moderately bulging disc osteophyte complex and severe spondylotic spinal canal stenosis, but no foraminal stenosis. It was also noted that there was approximately 4mm of anterior positioning of the inferior aspect of the plate in relation to the anterior C5 body cortex. The fusion plate at the C5 level was anterior to the inferior fusion plate, and there was a 5mm overlap of the superior plate on the inferior fusion plate, which extends from C5-C7. There was mild prevertebral soft tissue prominence in that area. Also noted is an incomplete osseous fusion across C3-C4 and C4-C5 disc space, and some bridging and fusion across the C5-C6 and C6-C7 disc spaces. The provider is now recommending an anterior cervical decompression at C3-C4, C4-C5, C5-C6, C6-C7, with fusion from C3-C7, plate removal, and plating from C3-C7. He has also mentioned a possible corpectomy of C5 with placement of a Harms cage.

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

The reviewer finds that medical necessity does not exist for anterior cervical discectomy with anterior interbody fusion C3-C7, plate removal C3-C7, and possible C5 corpectomy and placement of Harm's cage with one-day inpatient stay. The proposed surgery is not medically necessary. This patient should not have further surgery unless there is clear, documented, objective evidence of neurologic compromise. Although the CT myelogram relates severe stenosis at C4-C5, there is no evidence that the patient has a cervical myelopathy. A decompression, according to the ODG, should be performed for either a radiculopathy or a progressive myelopathy. This patient has evidence of

neither. Neurological examinations have been uniformly unremarkable. Also according to ODG, a “corpectomy...is a surgery used for decompression of the spinal cord for degenerative spondylotic disease (generally when myelopathy is present), as well as for treatment of ossification of the posterior longitudinal ligament, trauma, infection, or neoplastic conditions”. Again, the claimant has no evidence of any of these conditions and therefore, medical necessity does not exist for the proposed surgery.

**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)