

P-IRO Inc.

An Independent Review Organization

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DATE OF REVIEW: 05/30/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior cervical discectomy and fusion C4-C7, with a 2 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Adverse determination Letters 1/22/08 and 2/1/08

Medical Records 12/6/07, 1/9/08, and 2/13/08

DDE 4/21/08

Electrophysiologic Studies report 12/14/07

Myelogram and post-myelo CT of the cervical spine report 12/18/07

MRI of the cervical spine report 10/19/07

Cervical Spine X- report 9/14/07

Letter and Records from Patient No Date

Letter 5/18/08

Regional 9/14/08

Records 9/07 thru 12/07

Physicians 12/21/07, 1/22/08, and 2/8/08
Records 1/18/08, 2/13/08, 3/12/08, and 4/15/08
Letter 2/11/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This male has a date of injury xx/xx/xx when he was pulling bundles of insulations off a pallet. He complains of neck and bilateral arm pain with weakness and numbness and tingling. He has had physical therapy as well as a TENS unit. He is unable to lift his arm above shoulder level. Electrophysiologic studies revealed bilateral peripheral nerve entrapments (ulnar and median). His neurological examination consists of 3+/4 weakness in the left deltoid. There is 4/5 weakness in the right deltoid, triceps, and biceps. He has 4-/4 weakness in the left biceps and triceps. There are subtle Hofmann's bilaterally, and the gait is now somewhat spastic. An MRI of the cervical spine report shows cervical stenosis at C4-C5, C5-C and C6-C7, worse. A myelogram and post-myelo CT of the cervical spine 12/18/2007 showed at C4-C5: canal stenosis with bilateral foraminal narrowing. At C5-C6: severe spinal narrowing with bilateral foraminal stenosis, left greater than right. At C6-C7: there is also spinal stenosis. The provider is recommending a three-level ACDF: C4-C7.

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

The C4-C7 ACDF is medically necessary. The patient has significant cervical cord compression and is symptomatic from this. He is weak and myelopathic on examination. His physical findings correlate with his radiographic findings. He has failed conservative measures and continues to have a progression of his symptoms. The procedure is medically necessary. A 2-day hospital stay is reasonable for a three-level cervical procedure.

References/Guidelines

ODG "Neck and Upper Back" chapter

Decompression/myelopathy:

Recommended for patients with severe or progressive myelopathy with concordant radiographic evidence of central spinal stenosis.

Operative options for myelopathy: (See [Discectomy/laminectomy/laminoplasty](#).)

(1) Anterior cervical discectomy and fusion: Involves removal of the disc material and posterior osteophytes at or immediately adjacent to the disc space

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)