

C-IRO, Inc.
An Independent Review Organization
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Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: MAY 15, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of anterior cervical decompression, discectomy, arthrodesis with cages, and internal fixation at C5-6 and C6-7 with two days inpatient stay.

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

M.D., 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 anterior cervical decompression, discectomy, arthrodesis with cages, and internal fixation at C5-6 and C6-7 with two days inpatient stay is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 03/20/08, 4/11/08
Official Disability Guidelines Treatment in Worker's Comp 2008, Neck and Upper Back MRI, 01/26/07
EMG/NCV, 02/12/07
02/24/07
06/04/07
Office note, Dr. 08/23/07
Urology note, 09/30/07
Office notes, Dr. 10/30/07, 04/02/08

MRI cervical spine, 11/12/07
Office note, 02/16/08
Request, 03/17/08
Fax appeal, 03/27/08
Office note, Dr. 04/11/08
Urology Consult, 09/13/07
Fax, 04/04/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female injured on xx/xx/xx. She has been treated for neck and bilateral arm pain, low back and bilateral leg pain and knee pain.

The 01/26/07 MRI of the cervical spine showed no cord compression. There was a C3-4 disc protrusion indenting the thecal sac and mild narrowing of the right foramina. A C4-5 disc bulge was flattening the thecal sac. At C5-6 there moderate degenerative disc disease with a left parasagittal herniation effacing the thecal sac and flattening the cord and mild canal stenosis. C6-7 showed a left parasagittal and foraminal herniation effacing the thecal sac and cord as well as the left C6 nerve root. The 02/12/07 EMG/NCV studies documented acute irritability of the bilateral C6 and C7 motor roots with greater power loss of C7 on the left. The 02/24/07 upper extremity evoked potential showed bilateral slowing of the left C5 sensory dermatome with needle EMG showing bilateral C6 and 7 motor root changes.

The claimant had bilateral C6 and C7 epidural steroid injection on 06/04/07.

On 08/23/07 Dr. evaluated the claimant for left knee pain, cervical spine pain with bilateral upper extremity pain, and lumbar pain into the bilateral lower extremities. The back pain was reported as worse than the knee or neck. She also reported urinary incontinence. On examination there was cervical paravertebral tenderness and decreased motion. Dr. referred the claimant to a urologist for her incontinence and recommended orthopedic referral. The urology note indicated that an IVP was needed to determine if there was a cauda equine causing the incontinence.

The claimant was seen on 10/30/07 by Dr. for back and bilateral leg pain, neck pain and arm pain. He noted that back surgery had been recommenced for L2-3. X-rays showed spondylolisthesis at L4-5 of 1cm on flexion and extension and bone on bone at L5-S1. Cervical x-rays showed bone on bone spondylosis at C6-7 and C5-6 spondylosis with osteophytes. On that visit lumbar decompression and fusion was discussed.

On 11/12/07 the MRI of the cervical spine showed C4-5 degenerative change with annular bulging and bilateral facet arthrosis. At C5-6 was a central protrusion with posterior displacement of the cervical cord flattening the ventral margin. The C6-7 level demonstrated spondylitic change with disc space and facet degenerative change with left paracentral protrusion and displacement and flattening of the ventral cord margin.

The claimant was seen for a psychological evaluation on 02/16/08. The report indicated that there were psychosocial symptoms causing clinically significant distress and impairment inhibiting her recovery, and psychological treatment was recommended. There was also notation that there were no contraindications to surgery. There was a 03/17/08 request for C5-6 and 6-7 ACDF. The request was denied as there has been no examination.

On 04/02/08 Dr. once again saw the claimant for neck and bilateral arm pain worse on left and back and bilateral leg pain, noting that she had not been seen since 10/07. On examination lumbar x-rays with flexion/extension showed L4-5 spondylolisthesis at L4-5 of 1.1 centimeter and L5-S1 bone on bone spondylosis, stenosis and foraminal stenosis. Cervical spine x-rays showed C5, 6 and 7 bone on bone spondylosis and stenosis with facet subluxation and anterior osteophytes. Cervical paravertebral spasm was present with multiple trigger points. There was positive compression, negative Lhermitte's; positive shoulder abduction and Spurling to the left and decreased biceps and brachioradialis reflexes on the left. She had weakness with wrist and elbow extension on the left and paresthesia in C6 and 7 bilaterally with extensor lag. Dr. recommended cervical fusion and when that was healed to proceed with lumbar fusion.

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

The requested C5 through C7 discectomy and fusion seems reasonable based on the information provided. The claimant has a report of neck pain and arm pain with findings of a C6 and C7 radiculopathy on examination. The patient has weakness with wrist extension and weakness with elbow extension. This would correspond with the MRI findings of pathology at the C5-6 and C6-7 levels as well as EMG and nerve conduction study that demonstrated pathology at the C6 and C7 nerve roots.

The claimant has been treated with conservative measures including epidural steroid injections without improvement. The requested surgery would therefore appear appropriate based on the information provided for review.

The reviewer finds that anterior cervical decompression, discectomy, arthrodesis with cages, and internal fixation at C5-6 and C6-7 with two days inpatient stay is medically necessary.

Official Disability Guidelines Treatment in Worker's Comp 2008, Neck and Upper Back 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.

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)**