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Notice of Independent Review Decision

DATE OF REVIEW: September 12, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Spinal surgery for a two-level fusion at C5-C6 and C6-C7

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

Fellow American Academy of Orthopedic Surgeons

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of Spinal surgery for a two-level fusion at C5-C6 and C6-C7

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance

- Utilization review for reconsideration (08/20/08)
- Office notes (10/24/07 - 07/16/08)
- Diagnostics (09/21/07 - 10/09/07)
- Procedures (03/04/08)
- Office notes (10/24/07 - 07/16/08)
- Diagnostics (09/21/07 - 07/02/08)

ODG have been utilized for denial.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old female who was injured on xx/xx/xx. Her vehicle was parked at a red light when it was rear-ended by another traveling car approximately 40 mph. She had pain in her neck and back after the accident.

Initially, the patient was seen at the emergency room (ER) for neck and back pain. X-rays were taken and she was released. Later she underwent physical therapy (PT) and medications. In September 2007, a magnetic resonance imaging (MRI) of the cervical spine revealed 1 mm central disc protrusion at C4-C5, broad 3 mm disc protrusion with mild central canal stenosis at C5-C6, and broad 2 mm disc protrusion with borderline canal stenosis at C6-C7 with moderate left neural foraminal narrowing and mild right neural foraminal narrowing.

An electromyography/nerve conduction velocity (EMG/NCV) study revealed left musculocutaneous motor mononeuropathy at C5/C6 and evidence of very mild bilateral median mononeuropathy at the level of the wrists (consistent with carpal tunnel syndrome [CTS]). The evaluator stated that the possibility of cervical radiculopathy could entirely not be excluded.

D.O., saw the patient for neck pain radiating down to the left arm with numbness as well as mid low back pain radiating down to the left side of the buttock region and leg. Examination showed positive Tinel's and Phalen's on the left. X-rays of the cervical spine revealed mild disc desiccation at C2-C3, C3-C4, C4-C5, and C5-C6 and to a mild extent at C6-C7 with some mild disc protrusions noted at C5-C6 and C6-C7 level. Dr. assessed CTS and disc protrusion at C5-C6 and C6-C7 and recommended conservative treatment.

In March 2008, the patient underwent a cervical epidural steroid injection (ESI). However, she reported back to Dr. with severe neck pain. Dr. stated she had no relief with medications, injections, or therapy and sent her for a discogram. The patient underwent a psychological evaluation and was diagnosed with chronic pain disorder and was cleared for discogram.

The cervical discogram was positive at C5-C6 and C6-C7. Postdiscogram computerized tomography (CT) revealed: (1) Marked disc space narrowing, posterior spondylolytic ridging, and type VII annular tear at C6-C7 associated with minimal left foraminal encroachment related to uncovertebral spurring. (2) Mild left paracentral spondylolytic spurring at C5-C6 with a grade III annular tear. (3) A mild posterior spondylolytic ridging at C3-C4 and C4-C5.

On July 16, 2008, Dr. reviewed the discogram and stated that there was degenerative appearance of the discs at C5-C6 and C6-C7. He recommended a two-level fusion at C5-C6 and C6-C7 and prescribed Arthrotec in addition to the other medications for pain.

No initial utilization review is available.

On August 20, 2008, , M.D., denied the reconsideration for cervical fusion surgery with the following rationale; *"I do not recommend certification of the provided request. The clinician has failed to demonstrate any instability in this spine which obviates the need for fusion. It does not appear the patient has exhausted lower levels of care. The request is not certified. Guidelines/reference, Official Disability Guidelines; ODG (internet version; neck and upper back, updated July 7, 2008): Cervical fusion for degenerative disease resulting in axial neck pain and no radiculopathy remains controversial and conservative therapy remains the choice if there is no evidence of instability."*

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

Claimant's physical evaluation shows no clinical findings of a radiculopathy in either upper extremity. There are clinical findings of bilateral carpal tunnel syndrome which has not been fully evaluated or treated. Imaging studies showed degenerative disc disease at both C5-6 and C6-7 with no significant impingement of nerve roots. Based on a lack of physical findings of radiculopathy and imaging studies show primarily cervical degenerative disc disease and cervical fusion at C5-6 and C6-7, surgery does not appear to be reasonable or necessary per ODG.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES