

True Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: 09/10/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Inpatient C4/C5 Corpectomy w/C3-C6 ACDFP w/Allograft w/Plating

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

Board Certified Neurosurgeon

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

Denial Letters 7/23/08 and 8/14/08

Records from Dr. I 5/6/08

Records from Dr. 2/18/2008, 03/18/2008, 04/07/2008

MRI 11/14/07

Record fro Dr. 02/04/2008, 02/28/2008, 03/13/2008, 04/14/2008, 05/14/2008, 06/13/2008

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year-old male with a date of injury xx/xx/xx, when, while driving a tractor, he was hit in the head by a xxxx. He had three minutes loss of consciousness. He complains of worsening neck pain with pain and tingling into the forearms and occasional numbness into the hands. He also has difficulty grasping and fine manipulation activities. He complains of balance problems. He has been treated conservatively with rest, activity modifications, and

pharmaceutical management. He has a history of diabetes. His neurological evaluation reveals weakness in the deltoids and triceps as well as the median innervated hand musculature. Reflexes are symmetric and 1+. EMG/NCV 04/07/2008 show evidence of a chronic left C7 radiculopathy and bilateral C8-T1 radiculopathies with changes consistent with spinal stenosis and possible peripheral neuropathy. An MRI of the cervical spine 11/14/2007 reveals evidence of severe canal stenosis at C5-C6 and mild mass effect of the cord at C4-C5. There is moderate central stenosis at C3-C4. There is moderate-to-severe stenosis at the neuroforamen on the left at C4-C5.

The provider is requesting a C4/C5 corpectomy with C3-C6 allograft fusion and plating.

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

The C4-C5 corpectomy with plating and fusion from C3-C6 is not medically necessary, based upon a careful review of all medical records. The patient may have symptoms of an early myelopathy, and the MRI does show evidence of severe canal stenosis at C5-C6 and mild mass effect of the cord at C4-C5. There is moderate central stenosis at C3-C4, as well. However, it is not clear that two corpectomies need to be done, as opposed to a three-level ACDF. This injured worker does not have OPLL or a kyphotic deformity. According to the Occupational and Disability guidelines, "Low Back" chapter, A corpectomy "has been recommended when compression of the anterior epidural space is not localized to the level of the individual disc". It is not clear that this is the case, based on the MRI report. Further insight and explanation is needed as to the provider's rationale for the chosen surgical procedure.

References/Guidelines

Occupational and Disability Guidelines, "Low Back" chapter
Recommended as indicated below. Corpectomy, an operation to remove a portion of the vertebra and adjacent intervertebral discs, is a common 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, and neoplastic conditions. Reconstruction is generally performed using a strut graft or prosthetic device, and may then be additionally stabilized with an internal fixation device. This procedure has been recommended when compression of the anterior epidural space is not localized to the level of the individual disc. Corpectomy is also recommended for correction of a fixed kyphotic deformity. The advantage of this approach is that the number of surfaces at which fusion is required is decreased, with the disadvantage being that the graft is under a mechanically more demanding environment. ([Rao, 2006](#)) ([Sevki, 2004](#)) ([Mayr, 2002](#)) Treatment of cervical spondylotic myelopathy with

corpectomy with preserved posteri or vertebral wall is as good as conventional corpectomy. (Ying, 2007) See also [Discectomy/laminectomy/laminoplasty](#).

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)