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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 08/11/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

C4-C5 discectomy and fusion with plating

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

Board Certified in Orthopedic Surgery

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.

C4-C5 discectomy and fusion with plating - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY

On 01/10/07, Dr. recommended physical therapy, Naprosyn, Vicodin, and an MRI. An MRI of the cervical spine interpreted by Dr. on 01/19/07 revealed a disc protrusion at C4-C5 and a mild disc bulge at C5-C6 and C6-C7. Physical therapy was performed with Dr. from 02/07/07 through 03/30/07 for a total of 10 sessions. On 03/01/07, Dr. recommended bilateral C4 nerve blocks and a neurolysis. On 03/19/07, Dr. recommended cervical spine surgery. An MRI of the cervical spine interpreted by Dr. on 12/28/07 revealed degenerative disc disease at C4-C5 with a small disc protrusion at C6-C7 with a suggested annular tear in that area. An FCE with Mr. on 01/03/08 indicated the patient functioned in the light physical demand level. On 05/27/08, Dr. felt the surgery was not necessary and he felt the patient would benefit from a cervical epidural steroid injection (ESI). On 07/11/08, Dr. placed the patient at Maximum Medical Improvement

(MMI) at that time with a 5% whole person impairment rating. An MRI of the cervical spine interpreted by Dr. on 12/28/08 revealed a disc protrusion/herniation at C4-C5 and minimal desiccation and bulging at C5-C6. On 01/23/09, Dr. recommended a complete workup of the cervical spine so that surgery could be carried out. An MRI of the cervical spine interpreted by Dr. on 02/10/09 showed a disc herniation at C4-C5. An EMG/NCV study interpreted by Dr. on 03/04/09 revealed a bilateral subacute C5-C6 radiculopathy with evidence of ongoing denervation. On 03/13/09, Dr. placed the patient at MMI with a 15% whole person impairment rating. On 05/05/09, there was an adverse determination letter for cervical surgery by Dr. . An FCE on 05/19/09 indicated the patient function in the sedentary physical demand level. On 05/19/09, Dr. placed the patient at MMI at that time with a 5% whole person impairment rating. On 05/19/09, Dr. provided another DWC-69 form stating the patient was at MMI as of 12/25/08 with a 5% whole person impairment rating. On 06/05/09, Dr. wrote a letter of adverse determination for cervical surgery.

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

This patient has a history of diffuse axial neck pain complaints. While an EMG study was performed and did demonstrate radiculopathy, this has not been matched by either radicular pain complaints by the patient or by objective physical findings. An EMG is not a specific test as Dr. has pointed out and in this case, it does not yield specific information as to the need for surgery.

Further, current medical research indicates that performing a fusion for strictly axial pain complaints is contraindicated. For example, there is an article in the Journal of Spine by multiple coauthors as the result of the bone and joint decade. The first author is Nordin and this group of internationally known experts has indicated that performing surgery for axial pain complaints even in the psychologically normal person does not yield good results and is certainly contraindicated in an individual with depression.

Lastly, the patient has diffuse degenerative changes. Therefore, with these considerations noted, I do not feel that the requested C4-C5 discectomy, fusion, and plating would be reasonable or necessary at this time. The patient is not likely to get better, it is not recommended by the ODG in the absence of radiculopathy, and current medical research indicates spine fusion for axial pain complaints would be contraindicated. Therefore, the requested C4-C5 discectomy and fusion with plating is neither reasonable nor necessary and the previous adverse determinations should be upheld.

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 AND KNOWLEDGE BASE
- 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

X 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)

X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Journal of Spine