

# Becket Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/25/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

C6/C7 anterior cervical discectomy and fusion (CPT 63075, 22554, 22845, 20937)

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

MD, 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 7/16/09, 7/22/09

Letter from Patient, 7/29/09

MD, 7/2/09, 4/29/09, 3/12/09, 12/11/08, 9/25/08, 7/9/08

Cervical MRI, 4/9/08, 7/31/08

X-Ray Report, 3/12/09, 7/9/08

Cervical Myelogram, 11/6/08

Medical Center, 10/9/08, 10/27/08

Patient Consent Form, 9/25/08

Spine , MD, 6/8/09, 5/28/09, 5/7/09, 4/30/09, Nerve Conduction Studies, 9/8/08

MD, 9/12/08

**PATIENT CLINICAL HISTORY SUMMARY**

This is a patient who was injured in xx/xxxx and has complaints related to right-sided arm and neck pain. He has had selective nerve root sleeve block transforaminally at C6/C7.

According to the provider who performed this block, there was absolutely no relief from this injection, even though the needle was determined to be in the correct location. He has had an EMG/nerve conduction study, which was said to be normal. He has an MRI scan, which shows neural foraminal stenosis at C5/C6 and C6/C7. The patient has paucity of hard neurological findings. One note said that he has reduced pinprick in the thumb and index finger, and once it was noted that he may have some biceps weakness. Current request is for C6/C7 anterior cervical discectomy and fusion.

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

The medical records are extremely conflicting in that at times they talk about performing a C6/C7 anterior discectomy and fusion and at other times a C5/C6 and C6/C7 anterior cervical discectomy and fusion. While the current request is for a one-level C6/C7, there are no hard neurological findings to support the request. The MRI scan, while showing stenosis and the potential for nerve root impingement, this has not been confirmed by positive selective nerve root sleeve block at C6/C7. The EMG/nerve conduction study as mentioned above is negative. In order to satisfy the Official Disability Guidelines which are statutorily mandated in the State of Texas, the pain generators should be clearly identified. In this case, there is no evidence from the medical records that either the C7 root or the C6 root is the cause of this patient's symptoms. If the neurological findings had been clearer, it would be possible to isolate the level. Given the fact that the neurological findings are both extremely mild and inconsistent, sometimes being noted to be related to the C6 root or the C7, and others with no neurological findings, it is impossible to conclude that the pain generator in any way has been isolated. It is for this reason that the previous adverse determination cannot be overturned. The reviewer finds that medical necessity does not exist for C6/C7 anterior cervical discectomy and fusion (CPT 63075, 22554, 22845, 20937).

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

- ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- 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)