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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Dec/12/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Revision cervical spine surgery, cervical corpectomy, hardware removal, exploration, repair of pseudoarthrosis with cages and instrumentation C5-6, inpatient stay days x 2

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:

[X] 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 11/5/09, 11/18/09
MD, 7/15/09, 10/6/09
Radiology 12/5/08
Spine and Rehab, 7/15/08, 3/11/08, 9/8/09, 7/23/09, 6/29/09, 1/23/09, 10/27/08, 9/11/08, 6/17/08, 5/7/08, 5/5/08, 5/6/08, 5/2/08, 4/28/08, 4/25/08, 4/14/08, 4/11/08, 4/9/08, 4/7/08, 3/11/08
MD, 11/12/08
MD, 5/14/08
MD, 11/7/07, 6/1/07, 3/9/04
Neurosurgical Associates, 9/12/05
Pain Management Procedure Note, 5/12/06
CT Scan of Cervical Spine, 9/12/05
EMB and Nerve Conduction Study, 4/29/05
MRI Cervical Spine, 5/18/04
MRI Lumbar Spine, 8/22/08
Radiology, 8/22/08

PATIENT CLINICAL HISTORY SUMMARY
This is a woman with a cervical spine injury of xx/xx/xx. Surgery was completed in September

2004. (Several notes in the records say the surgery was completed in 2001 and 2002.) Subsequent imaging studies noted a pseudo arthrosis at C5-6. MRI of December 2008 noted instability at C2/3, C3/4, C4/5 and C6/7. It is also noted that this woman is a tobacco user who indicated that she would stop smoking; however, there is no documentation that this was completed or attempted. Electrodiagnostic studies did not note a verifiable radiculopathy. Two requests for the procedure are noted, however, there is no response from the requesting provider relative to the issues raised by the reviewers in their non-certification of this procedure.

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

According to the ODG, there are a number of pre-requisites needed to make this procedure an appropriate plan of treatment for the patient. Given the date of injury and the date of the bony architecture changes noted on imaging studies (2005) records indicate this is a degenerative situation. Cervical fusion for degenerative disease resulting in axial neck pain and no radiculopathy remains controversial as per the ODG. Conservative therapy remains the choice if there is no evidence of instability. (Bambakidis, 2005). Based on the records presented, there is no competent, objective and independently confirmable medical evidence of instability at this specific level (C5-6) of the cervical spine.

Further, ODG notes that anterior fusion techniques are as effective to instrumentation and that would speak against this requested procedure. With regard to fusion with autograft versus allograft: The Cochrane review found limited evidence that the use of autograft provided better pain reduction than animal allograft. It also found that there was no difference between biocompatible osteoconductive polymer or autograft (limited evidence). (Jacobs-Cochrane, 2004) (McConnell, 2003)

The last consideration is if there is a reasonable expectation of success. This is a patient with a near decade of neck pain and an unchanged cervical spine dating back to 2005. As outlined in the ODG, 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. (Peolsson, 2006) (Peolsson, 2003) Patients who smoke have compromised fusion outcomes. (Peolsson, 2008). Noting the co-morbidities in this case, there is insufficient clinical evidence presented to support this request.

The reviewer finds that medical necessity does not exist for Revision cervical spine surgery, cervical corpectomy, hardware removal, exploration, repair of pseudoarthrosis with cages and instrumentation C5-6, inpatient stay days x 2 .

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 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

[X] 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)

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