

CORE 400 LLC
240 Commercial Street, Suite D
Nevada City, California 95959

Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 2, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

ACF Hardware Removal C4-5 with 2 Day LOS

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

M.D., 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)

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.

The reviewer finds that medical necessity exists for ACF Hardware Removal C4-5 with 2 Day LOS.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 12/30/08, 1/8/09
Back Institute, 1/21/09, 12/23/08, 12/4/08, 11/19/08, 11/7/08, 6/25/08, 3/20/08, 3/4/08,
11/27/07, 2/21/08, 12/20/07
Operative Note, Unsigned, 12/29/08
COPE, 9/5/07
Cervical Myelogram, 11/12/08, 6/15/07
CT of Cervical Spine, 11/12/08
Diagnostics, 3/11/08, 6/12/07

Operative Report, 10/5/07
Operative Note, 1/30/07
ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This is an injured worker who has undergone previous cervical surgery at C5/C6 and C6/C7 each time with removal of the plate and installation of interbody fusion. He is currently back with a significant lesion at C4/C5 causing central canal stenosis. His physical examination is clear as to long track myelopathic signs, i.e., hyperreflexia abnormality of gait in the lower extremities as well as some weakness in the upper extremities and hyperreflexia of that also. He has reported spinal cord compression on the cervical myelogram, which is compatible with the history and physical examination.

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

The requested procedure is not particularly detailed. However, there is significant canal stenosis. The reviewer agrees with the requesting physician that this is a relatively urgent matter as with the degree of myelopathic changes seen on the physical examination, and there is concern for permanent neurological deficit if this is not addressed promptly. This request is supported by the medical records as being medically necessary and does meet the ODG criteria, as conservative care in this particular situation is not an appropriate treatment option when impending neurologic deficit and potential permanent paralysis is a likely outcome if the patient does not undergo surgery. It is for this reason the previous adverse determination has been overturned, and the medical necessity from this reviewer's viewpoint is clearly found within the medical records provided. The reviewer finds that medical necessity exists for ACF Hardware Removal C4-5 with 2 Day LOS.

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)**