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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/20/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

C6-7 hardware removal, C4-6 decomp/discec/arthrodesis; 2 days LOS

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

M.D., 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Adverse Determination letters, 06/29/09, 06/22/09
2. M.D., 06/16/09, 04/14/09, 03/31/09, 01/06/09, 12/09/08
3. M.D., 06/04/09, 05/11/09
4. MRI scan of cervical spine, 04/14/09
5. Physical Therapy and Wellness, 03/27/09, 03/04/09
6. Operative report, 11/24/08
7. ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who, according to the records, was involved in a severe 18-wheeler motor vehicle accident on xx/xx/xx. The patient had some neck pain. The medical records relate that he has had a previous fusion at C6/C7, which is solid. There is now indication of some C6 right-sided decreased sensation to light touch. There is no evidence in the medical record of any weakness with the motor findings being noted as 5/5 until the very last visit, almost contemporaneous with the previous denial. There is note now of weakness of elbow flexors and wrist weakness in addition. However, this is categorically not present throughout the rest of the medical records, and there is no explanation for the change. The MRI scan was found to be benign with some degenerative changes noted at C4/C5 and at C5/C6. The radiologist specifically states that the C4/C5 level demonstrates spondylosis with disc degeneration, minimal annular bulge without focal protrusion. There is no neural foraminal stenosis. There is mild narrowing of the right neural foramen. At C5/C6 the radiologist notes

there is spondylosis with disc degeneration and a mild bulge without focal protrusion. There is mild narrowing of the neural foramen on the right side, which is unchanged from a prior study. Dr. reviewed these films and has dictated a different interpretation of these films. He notes that the postoperative changes at C6/C7 and C5/C6 where he states there is a contained disc herniation stage II with annular herniation, nuclear protrusion, and disc desiccation. He states this is worse than preoperatively in contradistinction to the radiologist. At C4/C5 he also notes a grade 1-2 annular herniation. The request is for a cervical fusion at C4/C5 and C5/C6 and removal of instrumentation at C6/C7.

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

The previous reviewer has noted that in the absence of neurological deficit in the form of motor weakness, the ODG Clinical Guidelines would not recommend surgical intervention. According to these guidelines, the following needs to be present: evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of positive Spurling's test; there should be evidence of motor deficit or reflex changes, which correlate with the cervical level; abnormal imaging must show positive findings that correlate with nerve involvement; other etiologies of pain must be addressed, and there must be evidence that the patient has received and failed at least six to eight weeks of conservative care. In this case, the neurologic findings are present only in the very last report. There is evidence of a C6 decreased sensation noted on the right throughout the records; however, the MRI scan findings as read by the radiologist could explain the right-sided C6 complaints. A selective nerve root sleeve block has not been performed to confirm this. Furthermore, at the C4/C5 level, there is no indication of similar objective findings on physical examination. The medical records are contradictory, and the objective MRI scan findings are unsupported. The request does not conform to the statutorily mandated Official Disability Guidelines. The reviewer finds that medical necessity does not exist for C6-7 hardware removal, C4-6 decomp/discec/arthrodesis; 2 days LOS.

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
- 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)