

# Prime 400 LLC

An Independent Review Organization  
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**DATE OF REVIEW:**

Jun/30/2009

**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Cervical laminectomy C5 thru C7 with 1 night hospital stay

**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**

ODG Guidelines and Treatment Guidelines

Determination letters, 05/06/09, 06/04/09

04/22/04 through 05/28/09

Spine cervical series complete, 09/20/07

Operative report, 10/05/07, 11/04/05, 04/16/04

Letters from Dr. to Dr., 08/28/06, 06/29/06, 03/30/06, 01/16/06, 10/20/05, 10/30/05, and 08/04/05, 06/09/05, 04/07/05, 02/14/05, 12/06/04, 03/29/04, 03/11/04

Letter from to Dr. 11/14/04

Letter to from Dr. 09/27/04

Postoperative cervical spine, 01/16/06, 10/06/05

Discharge summary, 11/13/04

**PATIENT CLINICAL HISTORY SUMMARY**

This is a female with chronic neck pain who has undergone a previous anterior cervical discectomy and fusion at C5/C6 and C6/C7. She had a cervical myelogram on 10/05/07, which shows some central stenosis. There is discussion in the medical records provided of possible clonus in the lower extremities; however, there was no good neurological examination present within the medical records to guide this examiner. There was no explanation as to why this central stenosis, which was not causing cord compression, was resulting in myelopathy. There was no evidence from an MRI scan to indicate that there was, indeed, myelopathic changes in the cord.

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

Given the absence of a thorough neurological examination and the absence of objective findings demonstrating cord compression and the absence of the surgeon explaining why it is felt this particular level was the cause of compression, this reviewer is unable to overturn the

previous adverse determination. There was no evidence from an MRI scan to indicate that there were, indeed, myelopathic changes in the cord. The request does not meet the ODG criteria for this procedure. The reviewer finds that medical necessity does not exist for Cervical laminectomy C5 thru C7 with 1 night hospital stay.

**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)