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An Independent Review Organization

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DATE OF REVIEW:

May/11/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Discectomy and Fusion at C3-4 with instrumentation (63075, 22554, 22845, 22851, 99222, 99223)

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

MD, Board Certified Neurosurgeon

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, 2/17/09, 3/19/09

Physicians Ltd., 3/19/09

MD, 2/12/09, 11/19/08,

CT Cervical Spine w/contrast, 11/26/08

Cervical Myelogram, 11/26/08

Operative Report, 9/27/06

Workers' Comp Medical Report, 12/12/08, 12/3/07, 7/6/07, 3/9/07, 1/8/07, 11/6/06, 10/6/06, 8/25/06, 11/7/05, 10/3/05, 8/29/05,

MD, 5/30/08

PPE, 1/10/08

PT, 4/10/07, 1/4/07

MRI Cervical Spine, 4/26/04

Electrodiagnostic studies report 08/17/2004

Letter from Patient, 3/16/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a date of injury xx-xx-xx when he was involved in an automobile accident. He complains of neck pain and numbness/tingling in both upper extremities. He is status post C4-C5, C5-C6, and C6-C7 ACDF on 09/27/2006. An MRI of the cervical spine revealed a C3-C4 central disc suspicious for a small central disc herniation. A CT myelogram of the cervical spine 11/26/2008 revealed a small central disc herniation at C3-C4. There is no cord compression and the neuroforamina appear normal. An EMG 11/19/2008 revealed

mild C5-C6 bilateral radiculopathies.

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

The C3-C4 ACDF is not medically necessary. There is not significant pathology at C3-C4 to warrant surgery. There is no canal narrowing or neuroforaminal narrowing appreciated on the neuroimaging. According to the ODG, "Neck and Upper Back" chapter, the neuroimaging (MRI or CT myelogram) needs to correlate with the radicular findings on examination. In this case, there is no such correlation. The claimant appears to have primarily axial neck pain with no objective evidence of a radiculopathy or myelopathy. The surgery is, therefore, not medically necessary. The request does not meet the guidelines. The reviewer finds that medical necessity does not exist for Cervical Discectomy and Fusion at C3-4 with instrumentation (63075, 22554, 22845, 22851, 99222, 99223).

2009 Official Disability Guidelines, 14th edition

"Neck and Upper Back" chapter:

Occupational and Disability Guidelines, "Neck and Upper Back" chapter

Rationale :- ODG Indications for Surgery -- Discectomy/laminectomy (excluding fractures): Washington State has published guidelines for cervical surgery for the entrapment of a single nerve root and/or multiple nerve roots. (, 2004) Their recommendations require the presence of all of the following criteria prior to surgery for each nerve root that has been planned for intervention (but ODG does not agree with the EMG requirement): A. There must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test. B. There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level. Note: Despite what the State guidelines say, ODG recommends that EMG is optional if there is other evidence of motor deficit or reflex changes. EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms such as metabolic (diabetes/thyroid) or peripheral pathology (such as carpal tunnel). For more information, see EMG. C. An abnormal imaging (CT/myelogram and/or MRI) study must show positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings. If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic. D. Etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures. E. There must be evidence that the patient has received and failed at least a 6-8 week trial of conservative care.

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)