



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 11/20/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a cervical arthroplasty and disc replacement at C5-6 with 2 day LOS.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer performs this service in daily practice and has been practicing greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the medical necessity of a cervical arthroplasty and disc replacement at C5-6 with 2 day LOS.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

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PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a man with right arm pain (xx/xx), neck pain (xx/xx), and right shoulder blade pain since he was injured at work when a board fell approximately 50 feet and struck him on the head. A physical exam reveals weakness in right biceps and decreased right biceps reflex. An EMG notes right C6 radiculopathy. An MRI reveals right C5-6 foraminal stenosis. The patient has received conservative treatment of ESI's, PT, analgesics, and muscle relaxers with no long lasting benefit. Presurgical psychological screening has been completed.

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

The ODG summarizes that cervical artificial replacements (C-ADR) are under study and recent evidence indicates they are superior to anterior cervical fusion.

According to the ODG, cervical artificial replacements are: Under study, with recent promising results in the cervical spine. There is moderate evidence with respect to overall clinical success that cervical artificial disc replacement is superior to anterior cervical discectomy with fusion (ACDF), a recommended treatment for carefully selected patients. *Effectiveness - Cervical Spine:* There is moderate evidence for the cervical spine that cervical artificial disc replacement (C-ADR) is superior to anterior cervical discectomy with fusion (ACDF) with respect to overall clinical success (77% versus 68%) and neurological success (92% versus 86%).

The ODG indicates that this procedure is superior to anterior cervical fusion and is therefore medically necessary.

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)**