

# C-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Oct/05/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Cervical ADR (total disc arthroscopy-artificial disc) C4-5, 22856, 95920

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

M.D., board certified in Orthopedic Surgery  
Spinal 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 8/18/09, 9/4/09

Radiology, 7/27/09

MRI of the Cervical Spine, 3/24/08

CT Brain noncontrast, 3/26/08

, 9/22/08

, 7/31/09, 6/18/09, 3/19/09, 1/13/09, 12/18/08, 10/23/08, 10/20/08, 10/7/08, 9/25/08, 8/28/08, 8/26/08

Radiology Report, 7/31/09

Radiographic Report, 11/10/08

, DO, 12/15/08

Dr. , DC, 7/15/09, 8/4/09

CT C-Spine w/contrast (Post discogram), 7/27/09

Operative Report, Cervical Discogram, 7/27/09

ODG-TWC

**PATIENT CLINICAL HISTORY SUMMARY**

This is an injured worker who injured his neck while working in a recreational vehicle and banged his head on xx/xx/xx. He had neck pain with radiation to the shoulders and upper extremities. He had a discogram on 07/27/09, which reported high levels of pain, 9/10, at C4/C5 with concordance, and 4/10 at C3/C4 with concordance, and 5/10 to 6/10 with

concordant pressure. It appears he may have had a previous request for surgical fusion that was denied. His MRI scan shows 2-mm spurs at C3/C4, a 2-mm bulge at C4/C5, and a 1-mm bulge at C5/C6. There is no mention of annular tears or nerve root compression. Current request is for an anterior cervical disc arthroplasty.

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

Based upon a rather normal MRI scan and multilevel disc disease based upon the discogram, particularly in the presence of multilevel concordant pain reproduction, while cervical artificial disc replacement is considered in some studies to be superior to anterior discectomy and fusion, the presence of multilevel disease would not meet the criteria. Long-term studies of the efficacy of ADR has not yet been established. Based upon current evidence-based guidelines, i.e. the Official Disability Guidelines and Treatment Guidelines, this procedure cannot be certified as medically necessary. It is for this reason the previous adverse determination cannot be overturned. The reviewer finds that medical necessity does not exist for Cervical ADR (total disc arthroscopy-artificial disc) C4-5, 22856, 95920.

**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)