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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/12/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

INPT: 1 night; Anterior Cervical Discectomy with fusion and plating @C3-4, 4-5

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

M.D., Board Certified Orthopedic 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

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 8/14/09, 09/09/09

Office notes, Dr. 8/7/06, 08/31/06, 10/26/06, 12/21/06, 03/22/07

Cervical CT, 8/25/06

OR note, 11/29/06

Office notes, 6/14/07, 09/13/07, 11/12/07, 12/10/07, 02/11/08, 05/12/08, 08/11/08, 11/13/08, 01/19/09, 03/19/09, 05/18/09, 08/06/09

ESI, 7/17/07, 09/28/07

C/S CT, 11/27/07

L/S X-ray, 1/19/09

Office note, Dr. 3/16/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female, non-smoker, employed on xx/xx/xx when she developed a sudden onset of neck and arm pain after lifting a heavy steel table. In 1994, she underwent C6-7 laminoforaminotomy followed by anterior cervical discectomy and fusion at C5 through C7 in 1996. Dr. saw the claimant on 08/07/06 for increasing posterior cervical and interscapular pain, bilateral shoulder pain and tingling in both arms. The impression was chronic mechanical cervical syndrome, posttraumatic with radiculopathies.

The claimant underwent three cervical epidural steroid injections between November of 2006

and September of 2007 with increasingly less response. An updated cervical CT scan and post op myelogram on 11/27/07 noted postoperative changes with no acute findings. There was no significant foraminal narrowing or central canal compromise and no evidence of acute hardware complications and vertebral heights were well maintained. A previous study on 08/25/06 noted mild anterior extradural defects C3-4 and C4-5 with prominent ridging at these two levels with posterior hypertrophic spurring and mild encroachment o the anterior aspect of the dural sac at C4-5.

A review of records by Dr. on 03/26/09 noted evidence of bilateral radial neuropathy possibly related to ongoing C6 radiculopathy and mild to moderate ulnar compressive neuropathy in the left arm. The date of the study was not provided. There was reference to some emotional difficulties related to the injury and anti depressants and counseling were advised. Reduction in the claimant's use of narcotic medication was also recommended.

On 08/06/09, Dr. requested a cardiac evaluation prior or proceeding with anterior cervical discectomy and fusion C3 through C5 for increasing pain, numbness, and weakness in both upper extremities.

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

The records made available for this review did not contain updated imaging to confirm compressive pathology at the 2 levels under discussion. There are no findings to confirm objective evidence of radiculopathy or myelopathy. There are no electrodiagnostics submitted as part of this review. The request does not conform to the Official Disability Guidelines criteria. The reviewer finds that medical necessity does not exist for INPT: 1 night; Anterior Cervical Discectomy with fusion and plating @C3-4, 4-5.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates, Neck and Upper Back

Recommended as an option in combination with anterior cervical discectomy for approved indications, although current evidence is conflicting about the benefit of fusion in general. Cervical fusion for degenerative disease resulting in axial neck pain and no radiculopathy remains controversial and conservative therapy remains the choice if there is no evidence of instability. (Bambakidis, 2005)

Predictors of outcome of ACDF: Predictors of good outcome include non-smoking, a pre-operative lower pain level, soft disc disease, disease in one level, greater segmental kyphosis pre-operatively, radicular pain without additional neck or lumbar pain, short duration of symptoms, younger age, no use of analgesics, and normal ratings on biopsychosocial tests such as the Distress and Risk Assessment Method (DRAM). Predictors of poor outcomes include non-specific neck pain, psychological distress, psychosomatic problems and poor general health

Milliman Care Guidelines®, Inpatient and Surgical Care,13th Edition

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)