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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/08/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior Cervical Discectomy and fusion, C5-C6 and 1 Day Inpatient Stay

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

M.D., Board Certified Orthopedic Surgeon
Spine 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)

PATIENT CLINICAL HISTORY SUMMARY

This is a xx-year-old female worker who was injured on xx/xx/xx due to a fall. She has complaints of neck pain, numbness and tingling in the C6 distribution of the left arm and hand, and is stated to have a positive Spurling's test. She has decreased brachioradialis reflex and has had an MRI scan of the cervical spine showing a disc herniation at C5/C6 causing moderate spinal stenosis with a canal diameter of 7 mm. There is no mention of any myelopathy within the medical records. She has received conservative care. Current request is for an anterior cervical discectomy and fusion at C5/C6.

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

In order to meet the ODG guidelines for this procedure, there should be presence of a neurological deficit such as reflex changes, Spurling's test, along with the evidence of radicular pain, sensory symptoms, and cervical distribution that correlates with the involved cervical level or the presence of a positive Spurling's test. This guideline is met. In addition, there should be evidence of motor deficit or reflex changes or positive EMG findings, and this is present in this case. In addition, abnormal imaging, CT scan myelogram or MRI scan must show positive findings that correlate with nerve root involvement, and this is present in this case. The etiology of pain such as metabolic sources should be addressed by cervical surgery, and this is not evident in this case. There should be evidence that the patient has received conservative care for six to eight weeks, and this has occurred in this case. While fusion in combination with discectomy is said to be conflicting, there are studies that

encourage the use of fusion in conjunction with a discectomy. It is for these reasons that this request does indeed conform to the Official Disability Guidelines and Treatment Guidelines. The reviewer finds that medical necessity exists for Anterior Cervical Discectomy and fusion, C5-C6 and 1 Day Inpatient 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)