

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 4/9/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior Cervical Disc Fusion (C6/7)

QUALIFICATIONS OF THE REVIEWER:

Orthopaedics, Surgery Trauma

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)

Anterior Cervical Disc Fusion (C6/7) Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notice to dated 3/22/2010
2. Request form dated 3/18/2010
3. Letter by DO, dated 2/24/2010
4. Notification of determination by DO, dated 1/26/2010
5. Pre authorization request dated 1/21/2010
6. Clinical observations/comments dated 1/15/2010
7. Referral form dated 12/1/2009
8. History and physical by MD, dated 12/1/2009
9. Form by author unknown, dated 11/12/2009
10. Follow up report by MD, dated 10/26/2009
11. Initial consultation by MD, dated 8/31/2009
12. MRI of the cervical spine by MD, dated 6/19/2009
13. Physical performance exam dated 3/15/2009
14. IRO request form dated unknown
15. Review summary by DO, dated unknown
16. Psychosocial screening dated unknown

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a female. Her date of injury (DOI) is xx/xx/xx when she tripped and fell backward. MRI 6/19/09 of cervical spine indicates lordosis of spine, C6-7 left paracentral disc herniation with mild indentation of

thecal sac and mild canal stenosis. The lumbar spine MRI documented L3-4, 4-5 symmetric small disc bulges and L5-S1 disc herniation mildly indenting thecal sac. An 8/31 exam documented complaints of bilateral upper and lower extremity weakness, numbness and tingling. She complained of neck pain with radiation to bilateral arms and low back pain with radiation to bilateral legs. She had a psychological interview on 9/11/09 and subsequently completed 6 sessions on individual psychotherapy. She had repeat evaluation 1/6/10. Although there were improvements in the BDI, the injured employee scored at a high/severe anxiety level on 12/8 despite the individual psychotherapy. A physical exam found her to be capable of sedentary work. The injured employee has gained 80# in 6 months. EMG studies from 10/09 are completely normal for the cervical spine. She had an ESI of her C-spine in 10/09 with 70% relief. She has had PT. An evaluation by Dr. on Dec. 1st found LUE (left upper extremity) wrist flexion 4-/5, triceps 4/5, symmetric reflexes, sensation decreased (location/dermatome not specified).

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

The request is for ACDF (anterior cervical discectomy and fusion). This denial is considered upheld. There are several red flags and reasons which do not meet ODG criteria:

1. Injured employee has high anxiety despite treatment.
2. Injured employee has poor coping skills despite treatment: requesting sleep aid, weight gain of 80#.
3. She smokes ½ ppd, a contraindication in a fusion.
4. There is Lower extremity/lumbar spine pathology which has not been adequately treated or improved.
5. Radiographic reports N/A. No documentation of instability or flexion/extension films.
6. No evidence of progression of symptoms: in fact 8/31 reported to be 3/5 while 12/1 exam documents 4/5 strength.
7. No documentation of myelopathy.
8. There are no PT reports provided to indicate there has been adequate conservative treatment.
9. There is not a clinical exam clearly documenting radiculopathy for proposed surgery levels.
10. MD exam on 12/1 states EMG supports LUE symptoms, yet EMG is negative.
11. EMG is negative for cervical spine radiculopathy, thus no need for discectomy.
12. No specifics regarding sensation level dermatome affected.

The recommendation is to uphold the previous denial.

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)

Eur Spine J. 2009 Feb;18(2):232-7. Epub 2009 Jan 9. Single-level cervical radiculopathy: clinical outcome and cost-effectiveness of four techniques of anterior cervical discectomy and fusion and disc arthroplasty. Bhadra AK, Raman AS, Casey AT, Crawford RJ.

Spine (Phila Pa 1976). 2006 Aug 15;31(18):E641-7. Immune function, pain, and psychological stress in patients undergoing spinal surgery. Starkweather AR, Witek-Janusek L, Nockels RP, Peterson J, Mathews HL.

Spine (Phila Pa 1976). 2006 Apr 1;31(7):823-30. Emotional health predicts pain and function after fusion: a prospective multicenter study. Trief PM, Ploutz-Snyder R, Fredrickson BE.