

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JULY 28, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed removal of hardware, bone grafting screw defects at C3-C4, C5-C6

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
Unk	removal of hardware, bone grafting screw defects at C3-C4, C5-C6		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 141 pages of records received to include but not limited to: letter 7.13.10; ODG Neck-Fusion, anterior; IMED report 5.3.10; Dr. records 1.13.09-6.15.10; MRI C spine 1.14.10; Health and Wellness records 2.24.10-4.20.10; Hospital records 5.5.09-4.9.10; letters 3.25.10-6.29.10; report Dr 11.11.09; attorney, P.C. letter 6.8.10; DDE 5.24.10; Ear, Nose and Throat Clinics 5.12.10; report, Dr. 10.14.09, 1.28.10; Dr. report 11.25.09; Pathology report 10.15.09

Requestor records- a total of 53 pages of records received to include but not limited to: TDI letter 7.8.10; letters 6.21.10, 6.29.10; MRI C- spine 1.14.10; Dr. record 3.22.10; Dr. records 12.29.09-6.15.10; Ear, Nose and Throat Clinics 5.12.10; Health and Wellness record 4.10.10; Dr. report 11.25.09; Pathology report 10.15.09

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review note that the injured worker sustained a will injury on xx/xx/xx. Approximately one year later, injured worker underwent a multiple level cervical fusion. As part of this procedure, a multi level fusion with hardware was employed. In the post operative days there were some applications requiring surgical endoscopy.

In January 2010, it was noted on MRI that the hardware was present and no specific pathology was identified. There was no lesion that would compromise any of the nerve roots.

The injured worker continued to complain of upper extremity symptoms and electrodiagnostic studies were all normal, however. It was reported that there was a radiculitis and radiculopathy, by the reviewing provider.

The request for removal of the hardware and a cervical fusion distal to the operative site was not certified. A Designated Doctor evaluation noted that clinically maximum medical improvement had not been reached however statutorily this status at been met. A 5% impairment rating was assigned as there was no evidence of any cervical radiculopathy.

Multiple chiropractic progress notes are identified endorsing the request for additional surgery. It should be noted that the findings noted on the plane radiographs completed in the office of the requesting provider do not correspond with the findings noted with the outside radiologist.

As of February 16, 2000 and Dr. noted in his physical examination no gross motor defect or paresthasias.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines this procedure is "Under study in single-level and multi-level procedures, with most studies (although generally non-randomized) encouraging use in the latter. *Indications:* There is no consensus as to when plates should be used for anterior cervical fusion in spite of widespread use. Common use is found in the treatment of degenerative disc disease, tumors, trauma and deformity. (Rhee, 2005) It remains unclear as to whether anterior plating provides benefit for many common spondylotic conditions of the cervical spine. In single-level surgery there has been a failure to demonstrate an improvement in fusion rates with plating. (Wang, 1999) (Samartzis, 2004) (Grob 2001) (Connolly, 1996). Plating does appear to improve fusion rates in multilevel procedures. (Wang 2000) (Wang 2001) *Potential benefits* as an adjunct to anterior cervical discectomy and fusion include that the plate may: (1) provide rigid fixation; (2) resist graft setting with less development of kyphosis; (3) provide higher fusion rates; (4) allow for less cumbersome instrumentation; (5) reduce the rate of graft extrusion; & (6) reduce the need for prolonged external immobilization of the neck. *Potential downsides:* (1) increased surgical time and cost; (2) increased potential of morbidity and mortality during revision as the plate must be removed; & (3) numerous implant related complications including esophageal erosion, injury to adjacent structures due to hardware, and adjacent level ossification. (Rao, 2006) *Collapse of the grafted bone and loss of cervical lordosis:* Collapse of grafted bone has been found to be less likely in plated groups for patients with multiple-level fusion. Plating has been found to maintain cervical lordosis in both multi-level and one-level procedures. (Trojanovich, 2002) (Herrmann, 2004) (Katsuura, 1996) The significance on outcome of kyphosis or loss of cervical lordosis in terms of prediction of clinical outcome remains under investigation. (Peolsson, 2004) (Haden, 2005) (Poelsson, 2007) (Hwang, 2007)"

Therefore, while noting no pathologic changes on imaging studies, a marginal electrodiagnostic assessment, that the esophageal issues are fungus related and not erosive, there is no clear

clinical indication for a removal of the hardware and effusion of a distal level of the cervical spine presented in the medical records presented for review.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES