Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 7, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Medical necessity of proposed vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve roots; cervical, single segment

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:

XX 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
722.0	LOS		Prosp	1					Upheld
722.0	63081		Prosp	1					Upheld
722.0	63082		Prosp	1					Upheld
722.0	22554		Prosp	1					Upheld
722.0	22585		Prosp	1					Upheld
722.0	26845		Prosp	1					Upheld
722.0	22851		Prosp	1					Upheld
722.0	20936		Prosp	1					Upheld
722.0	69990		Prosp	1					Upheld
722.0	20924		Prosp	1					Upheld
722.0	62351		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW
TDI-HWCN-Request for an IRO-19 pages

Respondent records- a total of 136 pages of records received to include but not limited to:
Group letters 11.1.10, 11.4.10, 11.5.10, 11.18.10; TDI letter 11.17.10; report 10.29.10, 11.5.10; records, Dr. 2.23.10-10.15.10; Diagnostic reports 9.10.10, 10.15.10; MRI Cervical spine and Lumbar Spine 10.14.08; EMG/NCV report 5.29.08; records Dr. 3.15.10-7.23.10, MeD, LPC report 3.9.10; Instructional Course Lectures Spine, edited by M.D.; Acute Neck Pain and Cervical disk herniation, by M.D. and M.D.; ODG Fusion, anterior Cervical guidelines; Anterior Discectomy and Fusion for the management of Neck Pain, Spine 1999, PudMed result; Indications for Surgical Fusion of the Cervical and Lumbar motion segment, Spine.2005.Aug 15;

30(16suppl);52-6; A comparison of outcomes of Anterior Cervical Discectomy and Fusion with and without radicular symptoms, J surg orthop Adv, 2006 spring; 15(1):24-26

Requestor records- a total of 114 pages of records received to include but not limited to:
TDI letter 11.17.10; records, Dr. 2.23.10-10.15.10; Diagnostic reports 9.10.10, 10.15.10; letters 5.25.10, 6.8.10, 11.1.10, 11.4.10, 11.5.10; MRI Cervical spine and Lumbar Spine 10.14.08; EMG/NCV report 5.29.08; records Dr. 7.22.09; Instructional Course Lectures Spine, edited by M.D.; Acute Neck Pain and Cervical disk herniation, by M.D. and M.D.; ODG Fusion, anterior Cervical guidelines; Anterior Discectomy and Fusion for the management of Neck Pain, Spine 1999, PudMed result; Indications for Surgical Fusion of the Cervical and Lumbar motion segment, Spine.2005.Aug 15; 30(16suppl);52-6; A comparison of outcomes of Anterior Cervical Discectomy and Fusion with and without radicular symptoms, J surg orthop Adv, 2006 spring; 15(1):24-26; Hospital script and posting sheet

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with a copy of a procedure note dated July 16, 2010. A cervical epidural steroid injection had been completed. The next note indicates an electrophysiological report identifying a nerve root irritation (not radiculopathy) on the left. The MRI report dated October 14, 2008 noted minimal areas of central disc protrusion, none of which compresses the cord. There was no canal stenosis or neural foraminal narrowing. These findings were noted at multiple levels. The lumbar MRI noted multiple level disc lesions each no more than 2 mm.

The may 13, 2010 progress note from Dr. outlined pathologies that were not as severe as in the reports presented. A nerve root irritation and minimal multiple level disc lesions are noted.

It was noted that the initial cervical epidural steroid injection was not as functional as one hopes and it was suggested that an anterior cervical disc fusion be conducted for pain complaints.

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 cervical fusion is "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. Evidence is also conflicting as to whether autograft or allograft is preferable and/or what specific benefits are provided with fixation devices. Many patients have been found to have excellent outcomes while undergoing simple discectomy alone (for one- to two-level procedures), and have also been found to go on to develop spontaneous fusion after an anterior discectomy. (Bertalanffy, 1988) (Savolainen, 1998) (Donaldson, 2002) (Rosenorn, 1983) 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) Cervical fusion may demonstrate good results in appropriately chosen patients with cervical spondylosis and axial neck pain. (Wieser, 2007) This evidence was substantiated in a recent Cochrane review that stated that hard evidence for the need for a fusion procedure after discectomy was lacking. Therefore, when considering the first electrodiagnostic study noting no change, and a second electrodiagnostic study noting a nerve root irritation only; no evidence of instability, fracture or infection; and the only presented complaint is neck pain. I do not see a reason to perform the requested procedure. Request is not certified.

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES