



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: February 9, 2010

IRO Case #:

Description of the services in dispute:

Prospective – C5–6 ACDF (anterior cervical discectomy and fusion).

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is a fellow of the American Board of Orthopaedic Surgery. This reviewer is a fellow of the North American Spine Society and the American Academy of Orthopaedic Surgeons. This reviewer has been in active practice since 1990.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Medical necessity does not exist for the requested C5–6 ACDF.

Information provided to the IRO for review

Records Received From The State:

Notice to utilization review agent of assignment of IRO, 1/19/10, 1 page

Letter 1/15/10, 1 page

Confirmation of receipt of a request for a review by an IRO, 1/15/10, 5 pages

Request for a review by an IRO, 1/15/10, 3 pages

Reconsideration/appeal, 1/14/10, 2 pages

Utilization review determination, 12/14/09, 2 pages

Records Received From HDI Health:

Patient note, 12/28/09, 2 pages

Electrodiagnostic laboratory report, 12/28/09, 2 pages

Patient evaluation, 12/18/09, 11 pages

Patient note, 12/2/09, 1 page

Patient note, 11/18/09

Electrodiagnostic laboratory report, 11/18/09, 2 pages
CT report, 11/16/09, 2 pages
Myelogram report, 11/16/09, 1 page
Patient note, 11/6/09, 1 page
Patient note, 10/14/09, 2 pages
Consultation note, 10/8/10, 3 pages
Patient note, 9/16/09,
Patient note, 9/10/09, 7 pages
Patient note, 8/31/09, 1 page
Patient note, 7/22/09, 1 page
Patient note, 7/10/09, 1 page
Patient note, 5/22/09, 1 page
Patient note, 3/23/09, 1 page

Records Received From HDI:

Reconsideration/appeal, 1/14/10, 2 pages
Utilization review determination, 12/14/09, 2 pages
Patient note, 12/2/09, 2 pages
Myelogram report, 3/19/09, 2 pages
MRI report, 9/4/08, 1 page
MRI note, 8/18/08, 1 page
MRI report, 8/18/08,
Letter DO, 1/21/10, 1 page

Patient clinical history [summary]

The claimant is a male who sustained an injury on xx/xx/xx. He is complaining of neck pain. The claimant underwent cervical myelogram and post myelogram CT (computed tomography) on 3/19/09, which showed disc bulge vs. protrusion at C5-6 resulting in mild to moderate spinal stenosis. The claimant's treating provider on 6/10/09 opined that he was a candidate for surgical treatment. On 9/10/09 the claimant underwent an independent medical evaluation with complaints of neck pain. The examination showed normal strength and tone, except for finger extensors, and intrinsic hand musculature. On 9/16/09 the claimant saw a physiatrist who on examination documents 5/5 muscle strength and altered sensation in non-dermatomal distribution in the upper extremities. Consultation note on 10/8/09 with Dr. demonstrated slightly decreased grip strength on the left, 4/5 bilateral upper extremity strength, and decreased cervical range of motion. Recommendation was for cervical epidural steroid injections at C5-6. On 11/16/09 a new CT scan after myelogram was obtained and revealed mild to moderate central canal stenosis at C5-6 with mild to moderate right foraminal stenosis associated. At C6-7 there was disc disease without central canal or foraminal stenosis. On 11/18/09 the claimant underwent electrodiagnostic testing. The examination prior to the electrodiagnostic study revealed symptom magnification, tenderness throughout the cervical and upper thoracic spine, negative Spurling's maneuver, altered light touch and pinprick in a non-dermatomal distribution. Electrodiagnostic tests revealed no evidence of

cervical radiculopathy in the left C5 through T1 myotomes. On 12/2/09 the treating physician opined that the claimant is symptomatic in both upper extremities and recommended anterior C5–6 discectomy and interbody fusion. On 12/18/09, peer review opined that the motor vehicle accident was not likely the cause of his current pain complaints, which were out of proportion to the findings, and no surgery was recommended. Prior preauthorization requests were denied as well.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

There is no indication upon the records submitted for this reviews that anterior cervical discectomy and fusion at C5–6 is appropriate for this case. The claimant does not have evidence of instability on examination. The subjective symptoms do not correlate with any dermatomal distribution. There are no objective findings of clinical radiculopathy. There is EMG (electromyography) testing which indicates that there is no radiculopathy present. Based on the guidelines, anterior cervical discectomy and fusion surgery is not supported.

A description and the source of the screening criteria or other clinical basis used to make the decision:

Official Disability Guidelines, Neck Chapter, On–Line Version.

1536505.1

L21110P