

## Notice of Independent Review Decision

**DATE OF REVIEW:** MAY 11, 2010

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Outpatient anterior cervical discectomy and fusion at C5-6 with hardware.

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

This physician is a Board Certified Neurological Surgery with 43 years of experience as a neurosurgeon, a Fellow with American College of Surgeons, a member of American Board of Neurological Surgery, and a member of American Association of Neurological Surgeons.

### **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)

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.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

On xx/xx/xx, the claimant was evaluated in the ER. The claimant fell approximately 3 feet on his left side onto a metal surface.

On xx/xx/xx, x-rays were taken of the pelvis, read by M.D. Impression: Intact bony pelvis. X-rays were taken of the right hip, read by, M.D. Impression: Mild arthritis in the hip joint otherwise normal. X-rays were taken of the lumbosacral spine, read by M.D. Impression: Findings of chronic degenerative disc disease at all levels. No obvious fracture or subluxation.

On November 30, 2009, X-rays were taken of the cervical spine, read by M.D. Impression: Suboptimally imaged C7 and T1. Degenerative changes of the cervical spine. X-rays were taken of the lumbar spine, read by, M.D. Impression: Degenerative changes of the lumbar spine. Possible L5-S1 disk disease. MRI may be helpful in further evaluation if clinically indicated. X-rays were taken of the thoracic spine, read by M.D. Impression: Limited study. Degenerative changes of the thoracic spine.

On November 30, 2009, M.D. returned the claimant back to work with restrictions.

On December 28, 2009, M.D. evaluated the claimant. Impression: Lumbar Sprain. Acute cervical sprain. Muscle spasm.

On January 7, 2010, MRI of the cervical spine was performed, read by M.D. Impression: 1. Spinal canal stenosis, worse at C5-C6, where there is a central disc protrusion indenting and deforming the ventral cord contour. 2. Varying degrees of foraminal stenosis as discussed below. MRI of the lumbar spine was performed, read by M.D. Impression: 1. Multilevel lumbar spondylosis resulting in varying degrees of foraminal and spinal canal stenosis. Spinal canal stenosis is worse at L2-3, where there is moderate to severe spinal canal stenosis.

On March 22, 2010, M.D., a neurosurgeon, evaluated the examinee. Assessment: Mr. has spinal stenosis at C5-6 with indentation in his cord; he also has spinal stenosis in the lumbar area that is worst at L2-3 and L3-4. He had a L4-S1 fusion it appears. He has bilateral hand weakness and hyporeflexia in the upper extremities. He has weakness in the proximal of his right lower extremity. The claimant has left arm symptoms with significant neck pain. We discussed the option of continued conservative care or surgical intervention.

### **PATIENT CLINICAL HISTORY:**

The claimant is male with a history of prior lumbar spine surgical intervention.

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

In this case there is documented radicular pain, evidence of motor deficit, a positive MRI study, and failure of conservative care for 6-8 weeks. Therefore, this case meets the ODG criteria for an anterior cervical discectomy and fusion at C5-6 with hardware; for this reason, I overturn the previous decisions.

Discectomy-laminectomy-laminoplasty	<p><b>ODG Indications for Surgery™ -- Discectomy/laminectomy (excluding fractures):</b> Washington State has published guidelines for cervical surgery for the entrapment of a single nerve root and/or multiple nerve roots. (<a href="#">Washington, 2004</a>) Their recommendations require the presence of all of the following criteria prior to surgery for each nerve root that has been planned for intervention (but ODG does not agree with the EMG requirement):</p> <p>A. There must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test.</p> <p>B. There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level. <i>Note:</i> Despite what the Washington State guidelines say, ODG recommends that EMG is optional if there is other evidence of motor deficit or reflex changes. EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms such as metabolic (diabetes/thyroid) or peripheral pathology (such as carpal tunnel). For more information, see <a href="#">EMG</a>.</p> <p>C. An abnormal imaging (CT/myelogram and/or MRI) study must show positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings. If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic.</p> <p>D. Etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures.</p> <p>E. There must be evidence that the patient has received and failed at least a 6-8 week trial of conservative care.</p>
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**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)