



Notice of Independent Review Decision

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DATE OF REVIEW: 2/11/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical Laminectomy Fusion C3-C7 with Instrumentation (see ICD and CPT codes below)

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

Certified by the American Board of Neurological Surgery

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	722.0	22600	Upheld
		Prospective	723.0	20661	Upheld
		Prospective	756.21	226842	Upheld
		Prospective		22614	Upheld
		Prospective		63045	Upheld
		Prospective		63048	Upheld
		Prospective		20936	Upheld
		Prospective		20930	Upheld
		Prospective		20926	Upheld
		Prospective		38220	Upheld
		Prospective		20999	Upheld
		Prospective		69990	Upheld
		Prospective		76001	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Physicians' notes/evaluations/services performed/ER notes from 6/14/07-1/13/10

Physicians' letters dated 1/14/10, 12/4/08, 7/23/08

Impairment Rating dated 12/14/09, 6/10/08

X-rays reports dated 11/25/09, 5/2/09, 3/26/09, 11/26/08, 8/29/08, 1/21/08, 10/17/07, 8/8/07, 6/14/07

Operative reports dated 6/29/09, 12/5/08, 1/28/08

Physical therapy notes from 3/3/09 - 5/14/09, 2/8/08 - 9/18/08, 10/18/07-11/15/07

First report of injury dated 6/14/07

Official Disability Guidelines cited and provided -Neck and Upper Back Chapter Fusion, anterior cervical, ODG Indications for Surgery – Discectomy/laminectomy (excluding fractures) cited but not provided

PATIENT CLINICAL HISTORY:

The patient is a female whose date of injury is xx/xx/xx. Records indicate the patient's right knee gave out, and she fell injuring her right knee, low back and neck. The patient is status post C5-7 ACDF on 12/05/08.

The patient complains of neck, upper back and low back pain with persistent lower extremity weakness. MRI of the cervical spine dated 11/25/09 revealed postoperative changes related to interbody fusion at C5-6 and C6-7. The fusion sites are intact, and no posterior disc displacement is present. There is a congenitally small narrow canal in the mid cervical spine between C3-C8 inclusive. There is minimal mid-line disc bulge at C3-4 with mild left foraminal stenosis. The central canal and right foramen are intact at this level. At C4-5 there is a 1 mm disc bulge seen with mild central canal stenosis in part due to the congenitally small neural canal. The neural foramina are intact. There is a C5-6 central and right paracentral spur with moderate central canal stenosis and mild cord effacement. The patient was recommended to undergo C3-C7 fusion with instrumentation.

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

In the Reviewer's opinion, based on the clinical information provided, a determination of medical necessity is not supported for proposed cervical laminectomy and fusion C3-7. The Reviewer noted the MRI scan performed 11/25/09 revealed postoperative changes at C5-6 and C6-7 with fusion sites intact and no posterior disc displacement present. The Reviewer indicated there is no evidence of hardware failure or pseudoarthrosis at these levels. There is documentation of a congenitally small canal, with minimal disc bulges at C3-4 and C4-5. In the Reviewer's opinion, although the requesting provider has indicated cervical myelopathy, there is a clearly documented discrepancy between imaging studies and the reported myelopathic symptomatology. The Reviewer noted the patient was determined to have reached maximum medical improvement at the designated doctor examination performed 11/20/09. There is some dispute regarding impairment rating, and the patient apparently has been recommended for reexamination by a designated doctor. Given the current clinical data, the proposed surgical procedure is not indicated as medically necessary.

Reference:

1. 2010 Official Disability Guidelines 15th edition Work Loss Data Institute Online Edition, Neck Chapter.
2. Wieser ES, Wang JC. Surgery for neck pain. *Neurosurgery*. 2007 Jan;60(1 Supp1 1):S51-6.
3. Fouyas IP, Statham PFX, Sandercock PAG, Lynch C. Surgery for cervical radiculomyelopathy (Cochrane Review). In: *The Cochrane Library*, Issue 3, 2002. Oxford: Update Software.

4. Heller JG, Edwards CC 2nd, Murakami H, Rodts GE. Laminoplasty versus laminectomy and fusion for multilevel cervical myelopathy: an independent matched cohort analysis. Spine 2001 Jun 15;26(12):1330-6.
5. Bambakidis N, Feiz-Erfan I, Klopfenstein J, Sonntag V. Indications for Surgical Fusion of the Cervical and Lumbar Motion Segment SPINE Volume 30, Number 16S, pp S2–S6 ©2005, Lippincott Williams & Wilkins, Inc.

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)