

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MAY 5, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed anterior cervical discectomy fusion (C4-6)

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	anterior cervical discectomy fusion (C4-6)		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 26 pages of records received to include but not limited to:

TDI letter 4.15.10; Back Institute records 10.30.09-2.2.10; COPE report 2.15.10; CT Cervical spine w/contrast 1.29.10; surgical Hospital 1.22.10; notes Dr. 1.27.10-2.10.10

Respondent records- a CD of records received to include but not limited to:
A CD of records was received with records dating from 6.23.09-4.15.10

Requestor records- a total of 34 pages of records received to include but not limited to:
TDI letter 4.15.10; Request for an IRO forms; Back Institute records 10.30.09-3.18.10; COPE report 2.15.10; CT Cervical spine w/contrast 1.29.10; surgical Hospital 1.22.10; notes Dr. 1.27.10-2.10.10

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review indicate that the injured employee is frustrated with his neck pain. It would appear that several providers have endorsed the surgical intervention and this course was not certified by pre-authorization. The issues for not certifying were smoking and degenerative changes. Dr. noted that the impairment rating had stopped smoking five years prior. However, there is a progress notes dated April 13, 2010 that the impairment rating is using smokeless tobacco daily.

The second issue deals with that this is a degenerative disc disease situation with no instability. The reason for the surgery was to address the stenosis secondary to osteophytes and arthritic disease. The issue for Dr. appears to be that there were no complaints prior to the date of injury and now there are complaints associated with the ordinary disease of life changes.

The progress notes prior to the March assessment all point to the work-up and note the degenerative changes with no objectification of an acute cervical lesion. Epidural steroid injections offered no relief. Additionally, Dr. noted lumbar as well as thoracic complaints and ordinary disease of life degenerative changes. Plain radiographs noted no instability, fractures or evidence of infection.

The initial non-certification offered no competent, objective and independently confirmable medical evidence of a verifiable radiculopathy as a reason for non-certification. A re-consideration was filed and it would appear that the requesting provider failed to call the reviewer back who was attempting to gain more clinical information. The standards as per the ODG were not met.

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 can be "Recommended as an option in combination with anterior cervical disectomy for approved indications, although current evidence is conflicting about the benefit of fusion in general." The ODG also state that "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." and lastly, the requesting provider failed to address the predictors of outcome "*Predictors of outcome of ACDF*: Predictors of good outcome include non-smoking, a pre-operative lower pain level, soft disc disease, disease in one level, greater segmental kyphosis pre-operatively, radicular pain without additional neck or lumbar pain, short duration of symptoms, younger age, no use of analgesics, and normal ratings on biopsychosocial tests such as the Distress and Risk Assessment Method (DRAM)." Therefore, there is no reasonable expectation of a good outcome, the continued tobacco use and that there are extensive degenerative changes

with no notation of instability or fracture, this procedure is not supported based on the data presented by the requesting provider.

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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)