

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 4/16/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient 3 days Anterior Cervical Discectomy and Fusion (ACDF) C3/4, C4/5 explore C5/6, C6/7; debride C5/6 and refuse with strut add spinal monitoring to include: 63075, 63076, 22554, 22585, 22899, 22845, 22830, 20938x2, 95920, 95925

QUALIFICATIONS OF THE REVIEWER:

Orthopaedics, Surgery Trauma

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)

Inpatient 3 days Anterior Cervical Discectomy and Fusion (ACDF) C3/4, C4/5 explore C5/6, C6/7; debride C5/6 and refuse with strut add spinal monitoring to include: 63075, 63076, 22554, 22585, 22899, 22845, 22830, 20938x2, 95920, 95925 Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Independent review organization by, dated 3/29/2010
2. History note by MD, dated 9/29/2009
3. Electrodiagnostic Results by author unknown, dated 9/29/2009
4. Fax page, dated 8/13/2009
5. Final report by MD, dated 8/05/2009
6. CT cervical myelogram by MD, dated 8/05/2009
7. History note by DC, dated 5/19/2009 to 1/26/2010
8. Return patient visit by author unknown, dated 7/29/2008 to 2/03/2009
9. History note by MD, dated 6/12/2008 to 10/13/2009
10. Nerve conduction report by MD, dated 8/01/2006
11. Clinical note by author unknown, dated 7/07/2006
12. Office consultation by MD, dated 5/26/2006
13. CT cervical myelogram with contrast by MD, dated 5/26/2006
14. Clinical note by author unknown, dated 12/14/2005
15. History note by MD, dated 9/07/2005
16. Anesthesia record by author unknown, dated 4/21/2005 and 5/17/2005
17. Recovery room record by author unknown, dated 4/21/2005 and 5/17/2005
18. Medical and surgical procedures by author unknown, dated 4/21/2005
19. Procedure note by MD, dated 10/07/2004
20. Lab test by author unknown, dated 9/29/2004
21. Graph note, dated 9/28/2004
22. History by DO, dated 9/28/2004
23. Nerve conduction report by MD, dated 10/20/2003
24. Electrodiagnostic consultation by MD, dated 10/20/2003
25. CT cervical spine by MD, dated 9/08/2003
26. Physical capacities assessment form by author unknown, dated unknown
27. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male. He previously had a C5/6 and 6/7 discectomy and fusion. He has continued neck pain and radiating symptoms into his bilateral UE, with symptoms worse on the left. The pain is now constant. He has had 4 EMG studies: 1. 10/20/03: Normal; 2. 01/06 Left C5 radiculopathy; 3. 8/1/06 chronic left C5 radiculopathy; 4. 09/09 Bilateral C4 radiculopathy, C5 radiculopathy, C6 radiculopathy on the right.

He has had cervical ESI and facet injections with no long term relief. A cervical CT in 2006 found C2/3 mild herniation with degenerative facet hypertrophy; C3-4 and C4-5 mild disc bulges with patent foramen; and canal; severe degenerative facet joint hypertrophy; C5-6 large left spur impinging on thecal sac with mild canal stenosis, foramen patent. A 1/26/10 note indicates sensation intact in left upper arm and pinky. Motor strength was mildly weak in left triceps, right triceps, bilateral biceps, and left wrist flexor and wrist extensor.

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

The clinical history above clearly supports the diagnosis of cervical disc disease with radiculopathy. There is disc herniation significant enough for spinal cord impingement and nerve root pressure supported by EMG studies. This does meet ODG criteria for discectomy. However, the clinical exam does not clearly support the radiographic or EMG findings. Thus there is discrepancy between the stated diagnosis and clinical exam for radiculopathy. According to ODG criteria, there must be psychological evaluation completed prior to a fusion. This is not documented.

For a spinal fusion, there must be evidence of spinal instability. For this injured employee there is no documentation of instability. There are no flexion and extension radiographs to demonstrate instability. There may be argument due to the facet hypertrophy and degenerative changes in the upper cervical spine, instability may be inferred. However, there is not radiographic documentation of instability.

In addition, the diagnosis of a pseudoarthrosis has not been established. There is one clinical handwritten note suggesting possible pseudoarthrosis. In addition, there is no CT scan which can also be used to diagnose a pseudoarthrosis documented.

There are not sufficient clinical notes, studies and indications to support the requested fusion with instrumentation and re-exploration of pseudoarthrosis. The recommendation is to uphold the previous denial.

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)

Spine (Phila Pa 1976). 2007 Apr 1;32(7):772-4; discussion 775.

Anterior cervical discectomy and fusion without instrumentation.

Wright IP, Eisenstein SM.