

SENT VIA EMAIL OR FAX ON
Nov/11/2010

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/10/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Posterior Laminectomy to rghit C4/5, C5/6, C6/7 including 63020 and 63035 with a one day LOS

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 9/23/10, 10/19/10, 10/21/10

Dr. 9/16/10

MRIs 9/15/09 and 9/7/10

Pain Therapeutics 5/19/10 thru 6/23/10

Healthworks 8/10/09 thru 9/8/09

MRIoA 9/22/10 and 10/21/10

Dr. 9/8/10 and 9/1/10

Katy Back and Neck Pain 5/6/10

DDE 2/12/10

PATIENT CLINICAL HISTORY SUMMARY

This is a male with a date of injury xx/xx/xx, when he was involved in a motor vehicle accident. He complains of neck pain radiating to the right upper extremity. He has undergone physical therapy and epidural steroid injections. His neurological examination

09/16/2010 reveals a slightly diminished right biceps reflex. There is slight weakness in the right deltoid and biceps. There is decreased sensation to touch down the radial aspect of the right distal forearm and right thumb. An MRI of the cervical spine 09/07/2010 reveals a 4mm retrolisthesis of C5 on C6 and 2mm retrolisthesis of C4 on C5. There is severe right and mild left foraminal narrowing at C4-C5 with mild canal narrowing at C4-C5 and C5-C6. There is a 4mm left paracentral disc herniation at C5-C6 that may impinge on the nerve in the left side of the canal. There is severe right neuroforaminal narrowing caused by uncovertebral and facet hypertrophy. At C6-C7 there is a broad disc bulge with disc protrusion in the left foramen but no disc herniation or spinal stenosis and no significant neuroforaminal narrowing. The provider is recommending a posterior laminectomy to the right at C4-C5, C5-C6, and C6-C7 with a one-day length of stay.

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

The proposed surgery is not medically necessary. It does appear that the claimant may be a surgical candidate, as he has objective evidence of right C5 and C6 radiculopathies, which correlates with the right neuroforaminal narrowing seen on MRI at C5-C6 and C4-C5. However, no significant pathology at C6-C7 is documented in the MRI report, and the claimant also has no objective evidence of a C7 radiculopathy. Therefore, the procedure, as a whole, is not medically necessary; primarily because there is no evidence that the C6-C7 level should be included in the surgery.

References/Guidelines

Occupational and Disability Guidelines, "Neck and Upper Back" chapter

ODG Indications for Surgery™ -- Discectomy/laminectomy (excluding fractures):

Washington State has published guidelines for cervical surgery for the entrapment of a single nerve root and/or multiple nerve roots. ([Washington, 2004](#)) 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):

- A. There must be evidence that the patient has received and failed at least a 6-8 week trial of conservative care.
- B. 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.
- C. There must be evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test.
- D. There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level. *Note:* 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 [EMG](#).
- E. 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.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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)