

I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/29/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Discectomy and Fusion @ C4-7

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

MD, Board Certified Neurosurgeon

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

ODG Guidelines and Treatment Guidelines

The 9/16/10, 8/31/10

M.D. 6/17/10 - 8/23/10

Radiological Association 1/11/08, 10/11/04, 8/16/10, 7/6/10

Regional Clinic 7/11/01

MedClinic 5/7/10 to 8/27/10

9/29/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a date of injury xx/xx/xx, when he hit his head on the canopy of a tractor. He is status post C2-C4 posterior fusion in 1984. He complains of neck pain with numbness to the right arm and hand. He has undergone oral steroids and NSAIDs. His neurological examination 08/23/2010 reveals decreased sensation to the ulnar aspect of the right hand with worsening weakness in the right triceps. There is also weakness in the right biceps. The provider states that a CT myelogram reveals a cervical kyphosis centered at C4-C5 with central stenosis at C5-C6 and C6-C7, with a herniating disc to the right at C6-C7. An MRI of the cervical spine 07/06/2010 shows moderate to severe left foraminal encroachment at C4-C5 with mild-to moderate right foraminal encroachment. At C5-C6 there is severe right and moderate left foraminal encroachment with mild-to-moderate canal stenosis. At C6-C7 there is moderate canal stenosis with severe bilateral foraminal encroachment. A CT myelogram of the cervical spine 08/16/2010 reveals a small right paracentral disc herniation

at C6-C7 with exiting C7 nerve root probable impingement. There is central canal narrowing, most advanced at C5-C7, where the anterior surface of the cord is mildly flattened. There is moderate right foraminal encroachment at C5-C6. At C4-C5 there is moderate right and moderately severe left foraminal encroachment. Plain films of the cervical spine 07/06/2010 show reversal of cervical lordosis and no abnormal movement. He has undergone NSAIDs, muscle relaxants, a cervical collar, and oral steroids. The provider is recommending a cervical discectomy and fusion at C4-C7.

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

The claimant has objective evidence of C6 and C7 radiculopathies on examination. This correlates with the neuroimaging showing disc herniations to the left at C6-C7 and C5-C6. Given the kyphotic deformity associated with stenosis, C4-C5 needs to be incorporated into the fusion construct. Also, given the progressive weakness, the surgery is also indicated, and further conservative measures are not warranted. His condition meets the ODG criteria for a cervical discectomy and fusion. The reviewer finds that medical necessity exist for Cervical Discectomy and Fusion @ C4-7.

References/Guidelines

2010 Official Disability Guidelines, 15th edition

"Neck and Upper Back" chapter:

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 of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test. B. 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. 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. 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. E. There must be evidence that the patient has received and failed at least a 6-8 week trial of conservative care.

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)