

I-Decisions Inc.

An Independent Review Organization
5501 A Balcones Drive, #264
Austin, TX 78731
Phone: (512) 394-8504
Fax: (207) 470-1032
Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/04/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior Decompression and Discectomy with Arthrodesis with cages, anterior instrumentation at C4-5-6-7

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

M.D., Board Certified Orthopedic Surgeon

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

Official Disability Guidelines and Treatment Guidelines

Workers' Comp Services 10/6/10, 10/13/10

M.D. 8/10/09 to 9/28/10

M.D. 8/12/09, 8/10/09

Spine and Rehab 7/28/09 to 10/2/09

Dynamic Imaging 7/9/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male with complaints of neck pain and bilateral arm pain. The MRI of the cervical spine, dated xx/xx/xx, revealed straightening of the cervical spine, no occult fracture and developmental narrowing of the central cervical canal. At C2-3, there was mild narrowing of the right neuroforamen. The C3-4 level revealed flattening of the thecal sac with moderate narrowing of the right and mild narrowing of the left neuroforamen. At C4-5 there was flattening of the thecal sac with mild bilateral foraminal encroachment. At C5-6 there was a 3.0 millimeter subligamentous disc protrusion indenting the thecal subacromial with severe bilateral foraminal encroachment. The electromyography from 08/09/09 showed acute bilateral C6 radiculopathy with the left side predominately. There was also slowing of the median nerve bilaterally, left greater than right, across the wrists and minimal slowing of the ulnar sensory conduction times bilaterally. The 08/12/09 upper and lower extremity evoked potential studies demonstrated bilateral C5 slowing and bilateral C6 slowing which most likely was from the slowing of the ulnar nerve across the elbows as noted by the standard nerve

conductions. Dr. evaluated the claimant on 09/28/10. The examination revealed a trigger point to the levator scapulae origin and mid portion of the trapezius on the left and paresthesias in the C6-7 nerve root distribution on the left. There was decreased biceps and brachioradialis jerks on the left. Positive compression and positive shoulder abduction test on the left were noted. There was weakness with elbow flexion and wrist extension on the left. The diagnoses were cervical herniated nucleus pulposus C4-7 with primarily left upper extremity radiculopathy with a failure of conservative management. Dr. has recommended C4-7 anterior cervical discectomy and fusion.

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

The MRI of July 2009 did reveal some disc change at C4-5 and C5-6 with more severe foraminal encroachment at C5-6. Electrodiagnostics of August 2009 did reveal bilateral C6 radicular changes. The behavior health assessment appeared unremarkable and he is a nonsmoker. On overview, this case appears to reveal a clearcut bilateral C6 radiculopathy, which would seem to correlate well with the severe foraminal encroachment seen on both sides at C5-6 on the July 2009 imaging study. However, the surgical request includes C4-5 and C6-7. Although the physical findings have suggested some paraesthesias, which could be in the C7 distribution, this is not consistent with the electrodiagnostics. In short, guidelines are not satisfied for medical necessity given that three levels of cervical surgical intervention have been requested whereas only one level of electrodiagnostically demonstrated pathology has been confirmed. There are no other physical findings, which could be used in conjunction with the electrodiagnostics to suggest clinical significant compromise at those additional levels.

For these reasons, medical necessity has not been established for the proposed three level intervention. The reviewer finds that medical necessity does not exist for Anterior Decompression and Discectomy with Arthrodesis with cages, anterior instrumentation at C4-5-6-7.

Official Disability Guidelines Treatment in Workers' Comp 2010 updates, Chapter neck and upper back, cervical discectomy and fusion

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). Predictors of poor outcomes include non-specific neck pain, psychological distress, psychosomatic problems and poor general health. (Peolsson, 2006) (Peolsson, 2003) Patients who smoke have compromised fusion outcomes. (Peolsson, 2008)

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)