

# Core 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Oct/27/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Inpatient surgery of Anterior Cervical Disc Fusion at C3-4

**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

Official Disability Guidelines, Cervical Fusion  
Risk Management Fund 9/21/10, 10/7/10  
Pain Team 8/18/10 to 9/1/10  
Spine & Neurological Surgical Institute 1/26/10 to 9/14/10  
Imaging Center 11/2/09 to 7/26/10  
M.D. 10/15/10  
Neurological Center, P.A. 8/11/10  
M.D. 7/23/10  
family care center 7/28/10  
Doctor 8/24/10  
Rehab 8/27/10 to 9/14/10

### PATIENT CLINICAL HISTORY SUMMARY

This is a female with a date of injury xx/xx/xx, when she was cleaning the bottom of a cabinet and three boxes of toilet paper fell on her back. She complains of left neck pain with radiation to the shoulder. She has undergone physical therapy, epidural steroid injections, medications, and trigger point injections. Her neurological examination 09/14/2010 is unremarkable. An MRI of the cervical spine 11/02/2009 reveals at C3-C4 a left sided facet hypertrophy, resulting in moderate stenosis of the left C3-C4 neuroforamen. An FCE 07/28/2010 revealed an exaggerated pain behavior and limited effort. The provider is recommending a C3-C4 anterior cervical discectomy and fusion.

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

Inpatient surgery of Anterior Cervical Disc Fusion at C3-4 is not medically necessary. It is

unclear that the claimant is symptomatic from the stenosis at C3-C4 on the left. No positive Spurling's sign is documented to help confirm nerve root tension. It is difficult to demonstrate a C4 radiculopathy on examination. However, a nerve root tension sign or positive response to a selective nerve root block can help identify the pain generator. A decompression, according to the ODG, should be performed for either a radiculopathy or a progressive myelopathy. This patient has evidence of neither. Neurological examinations have been uniformly unremarkable. Moreover, the claimant has some concerning findings on FCE, particularly, an exaggerated pain response and decreased effort. For these reasons, then, the requested Inpatient surgery of Anterior Cervical Disc Fusion at C3-4 is not medically necessary.

## References/Guidelines

### ODG "Neck and Upper Back"

#### 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.

**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)