Advanced Medical Reviews

URAC ACCREDITED EXTERNAL REVIEW

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 10/21/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Anterior Cervical Discectomy and Fusion C5/7 with a 2-3 Day Inpatient Length of Stay

QUALIFICATIONS OF THE REVIEWER:
Orthopaedics

REVIEW OUTCOME:
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Anterior Cervical Discectomy and Fusion C5/7 with a 2-3 Day Inpatient Length of Stay Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Review of case assignment by dated 10/01/2010
2. Fax page dated 10/01/2010
3. Clinical note by dated 10/01/2010
4. IRO request form by author unknown, dated 09/30/2010
5. Request form by author unknown, dated 09/29/2010
6. Follow up note by MD dated 09/13/2010
7. Reconsideration by author unknown, dated 08/30/2010
8. Utilization review by author unknown, dated 08/18/2010
9. Follow up note by MD dated 08/16/2010
10. History note by MD dated 07/23/2010
11. MRI c spine w/o contrast by MD dated 06/29/2010
12. Request for a review by author unknown, dated unknown.
13. Pre certification request dated unknown
14. Letter by dated 10/6/2010
15. Review organization dated 9/29/2010
16. Reconsideration by author unknown dated 8/30/2010
17. Utilization review by author unknown dated 8/18/2010
18. Clinical note by MD dated 8/16/2010 & 9/13/2010
19. ODG treatment dated 8/5/2010
20. History note by MD dated 7/23/2010

21. MRI C-spine by MD dated 6/29/2010
22. Official Disability Guidelines (ODG) TWC neck dated unknown
23. Pre-certification request by Brett White dated unknown

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate the injured employee reports onset of neck pain with radiation into left upper extremity, but does not recall specific traumatic antecedent event. MRI of the cervical spine dated 06/29/10 revealed 1.7 mm diffuse disc bulging at C5-6 compressing the thecal sac and cord surface. At C6-7 there is a 1.9 mm disc protrusion projecting across the disc space compressing the cord surface. Neural foramen is normal. On examination the injured employee is 5'11" tall and 235 lbs. Cervical range of motion is mildly limited in all planes. Neurologic examination demonstrated some fairly marked weakness in left triceps and left wrist flexors compared to contralateral side. Strength is otherwise 5/5 in both upper extremities. Reflexes were somewhat diminished throughout and diminished symmetrically.

A utilization review determination dated 08/18/10 recommended non-certification of request for spinal surgery for anterior cervical discectomy and fusion C5-7 with 2-3 day inpatient stay. The determination noted the records do not establish the injured employee has failed conservative treatment, as the most recent medical record does not document history of treatment. It appears the injured employee underwent initial course of conservative treatment; however, specifics regarding the injured employee's response to treatment and specific measures that have been exhausted were not established. It was also noted there was no documentation of psychosocial screening with confounding issues addressed.

A reconsideration / appeal of adverse determination was rendered on 08/30/10 and recommendation was to not certify request for anterior cervical discectomy and fusion at C5-7 with 2-3 day inpatient stay. The reviewer determined that the proposed surgery could not be recommended based on inconsistency of MRI findings of 06/29/10, and Dr. interpretation on 06/23/10 and fact there are no medical records for review prior to 06/29/10 determining the injured employee's response to treatment. It was unclear if the injured employee had exhausted physical therapy, occupational therapy, oral steroids, anti-inflammatory medications or injection therapy.

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

Based on the clinical information provided, the request for anterior cervical discectomy and fusion at C5-7 with 2-3 day inpatient stay is not supported as medically necessary. The injured employee presents with chief complaint of neck pain with radiation into the left upper extremity with onset on 07/01/10. There is no specific injury or traumatic event identified. Imaging studies revealed disc protrusions at C5-6 and C6-7. At C5-6 there is slight compression of the thecal sac and cord surface with mild canal narrowing. At C6-7 there is canal narrowing and mild compression of the ventral surface of the cord. The injured employee has left sided weakness compared to the contralateral side and left triceps and left wrist flexors. There is no documentation of conservative treatment. As noted on previous reviews, there is no indication that the injured employee has exhausted conservative treatment to include physical therapy, anti-inflammatory medications, and epidural steroid injections. As such, the recommendation is to uphold the previous denials.

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
X 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)