



7331 Carta Valley Drive | Dallas, Texas 75248 | Phone: 214 732 9359

Notice of Independent Review Decision

DATE OF REVIEW: 4/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Discectomy, Anterior, with decompression of spinal cord and/or nerve root(s),
Including osteophytectomy, cervical, single interspace.
Surgery to neck area.

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

Board Certified Orthopedic Surgeon/Fellowship Trained Spine 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

Document Type	Date(s) - Month/Day/Year
Notice of Case Assignment	3/29/2011
Provider	3/29/2011-4/01/2011
Provider	
Peer Review Report Reconsideration	2/18/2011-3/07/2011 3/03/2011
Clinic	
Pre-Authorization Appeal	2/18/2011 3/07/2011
Clinic	2/16/2011
Pre-Authorization Request	3/02/2011
MRI Report	05//20/2010
M.D. Clinical Notes	4/19/2010

Physical Therapy Initial Evaluation	3/25/2010
Physical Therapy Monthly Report- April	3/25/2010

PATIENT CLINICAL HISTORY [SUMMARY]:

Request for ACDF C5C6 and Revision ACDF C6C7.

Peer Recommendation: Insufficient conservative care documentation to warrant surgical intervention.

I have reviewed the MRI report, NCS/EMG report, and requesting provider’s clinical notes dated 05/20/10, 04/19/10, and 02/15/11. I have reviewed the ODG guidelines.

Injured Worker was involved in an MVA on XX/XX/XX. He presented with complaints of neck and left arm pain. He did one session of therapy that is documented. Despite the NCS and EMG findings, the diagnostic MRI showed primarily central stenosis at C4C5 and C5C6, with a mild eccentricity at the C4C5 segment. The etiology of the left arm pain by inference from the MRI and the EMG studies suggests the C4C5 segment, but the request is for C5C6 and C6C7.

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

The ODG treatment guidelines Indications for cervical surgical intervention (discectomy) are as follows:

- 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.
- 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.

Despite the NCS and EMG findings, the diagnostic MRI showed primarily central stenosis at C4C5 and C5C6, with a mild eccentricity at the C4C5 segment. The etiology of the left arm pain by inference from the MRI and the EMG studies suggests the C4C5 segment, but the request is for C5C6 and C6C7. There is no clear rationale to incorporate the C6C7 segment, as there is no evidence by either MRI or EMG to suggest a C7 radiculopathy.

There is no evidence of any attempt towards non-operative management other than one physical therapy session the latter of which was refused by the patient.

There is minimal clinical or diagnostic evidence that the cord is actually being compressed as mentioned by the requesting physician to support surgical decompression. Although there is absolute stenosis, there



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are no examination findings, MRI findings, or NCS/EMG studies to support a clinical spinal cord compression.

Based on the above analysis, Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace is not medically necessary for this patient at this time.

References:

ODG Integrated Treatment/Disability Duration Guidelines Neck and Upper Back chapter

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
- 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)