



Notice of Independent Review Decision

DATE OF REVIEW: 04/04/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior Cervical Decompression Fusion @ C5-C6, 22554, 22585

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

Board Certified in Orthopaedic Surgery
Certified in Evaluation of Disability and Impairment Rating -
American Academy of Disability Evaluating Physicians

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Anterior Cervical Decompression Fusion @ C5-C6, 22554, 22585 – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY
(SUMMARY):

This is a male who, on xx/xx/xx, was attacked at work by an employee he was firing. He is currently complaining of left upper extremity pain and underwent an ACDF at C6-C7, originally doing well from the surgery. The patient allegedly has developed 8 out of 10 pain in his neck and arm. The pain goes out into his hand in the ulnar two fingers in a C6-C7 distribution. The patient has a previous ulnar nerve transposition, and multiple carpal tunnel releases. M.D. diagnosed the patient with adjacent segment breakdown, and stated the CT-myelogram showed central and bilateral neuroforaminal stenosis at C5-C6 with collapse. However, x-rays dated 01/13/10 were read by Dr. as “status post ACDF C5-C6”. Further, a CT myelogram dated 02/11/10 showed an anterior cervical fusion at C6-C7, posterolateral disc protrusion at C5-C6 with mild central canal stenosis, mild canal stenosis at C6-C7, mild bilateral foraminal stenosis at C3-C4, left greater than right, on the right at C4-XC5 and bilaterally at C6-C7. Specifically:

“C5-C6: Disc degeneration with spondylosis. Focal disc protrusion posteriorly, centered slightly to the right of midline with possible extrusion, indenting the thecal sac and deforming a spinal cord, with mild central canal stenosis. Uncovertebral joint arthritis and mild facet arthropathy. No significant foraminal stenosis.”

The patient had no interest in epidurals “saying that he knows he's going to have to have something done and that would be only a temporary fix” so surgery was recommended. A later epidural gave no relief. The requesting surgeon acknowledged the psychological evaluations that show that he has “a bad prognosis for undergoing surgery”, due to his history of significant polysubstance dependence and bipolar disorder, as well as an invalid MMPI.

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

The patient does not meet the criteria in the ODG to perform this surgery:

- The physical finding does not correlate with the findings at C5-C6.
- He is an extreme risk for a bad result, so surgery should not be performed except for objective progressive neurologic loss.
- There is no 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
- There is no evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level
- In the absence of sensory, motor, reflex or EMG changes, there is no confirmatory selective nerve root block that provided at least 75% pain relief for the duration of the local anesthetic
- Peripheral sources have not been ruled out

Therefore, Anterior Cervical Decompression Fusion at C5-C6 is not medically reasonable and necessary.

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)
- AMA GUIDES 5TH EDITION