

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 08/23/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

22855 Removal of anterior instrumentation
95920 Intraoperative neurophysiology testing: per ho
RC110 Inpatient Non-Surgical Room
22856 TOT DISC ARTHRP ART DISC ANT APPR

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

The TMF physician reviewer is board certified in orthopedic surgery with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the 22855 Removal of anterior instrumentation;

95920 Intraoperative neurophysiology testing: per ho; RC110 Inpatient Non-Surgical Room and 22856 TOT DISC ARTHRP ART DISC ANT APPR are medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 08/05/11
- Adverse determination letter – 06/24/11, 07/18/11
- Surgery screening Sup/Checklist – 06/06/11
- Orthotic Prescription from Dr. – 06/06/11
- Behavioral Medicine Evaluation by Dr. - 06/15/11
- Office visit notes by Dr. – 04/27/11 to 06/06/11
- Report of CT scan of the cervical spine – 05/27/11
- Consultation by Dr.– 04/25/11
- New patient consultation by Dr. – 04/13/11
- Report of x-rays of the cervical spine – 04/13/11
- Chiropractic office visit notes by Dr. – 03/28/11 to 03/31/11
- Physical therapy plan of care – 05/23/11

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury and hurt his neck. His past history is positive for a C5-6 fusion in February of 1999 and a microdiscectomy at C4-5 in 2005. In xx of this year he complained of neck pain and weakness in the right arm and was given the diagnosis of radicular syndrome with previous cervical fusion. A myelogram CT indicates multilevel degenerative disease at C4-5 and a significant disk osteophyte complex resulting in compression of the exiting C5 root. There is a request for a total disc arthroplasty with plate removal.

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

What makes this case an indication for a total disc arthroplasty (TDA) is multi-level disease. A fusion definitely causes adjacent levels to be at risk, up to 25.6% at 10 years (JBJS 1999). The philosophy of TDA, yet to be proven due to time, is that motion at the surgical level reduces the risk. These adjacent segments are already abnormal and therefore more likely to fail and fail sooner.

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)