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## Notice of Independent Review Decision

**DATE OF REVIEW:** 08/09/11

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Inpatient C4-C5 anterior cervical discectomy and fusion (ACDF), plating at C4-C5, and spinal monitoring with a three day length of stay

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

Board Certified in Orthopedic Surgery

### **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.

Inpatient C4-C5 anterior cervical discectomy and fusion (ACDF), plating at C4-C5, and spinal monitoring with a three day length of stay - Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

An initial examination dated 05/17/10 from M.D.  
X-rays of the cervical spine dated 06/10/10 and interpreted by (no credentials were provided)  
Evaluations with Dr. dated 08/11/10, 09/27/10, 11/22/10, 01/24/11, 03/07/11, and 06/13/11  
An MRI of the cervical spine dated 08/19/10 and interpreted by M.D.  
A peer review dated 10/14/10 from M.D.  
An evaluation and EMG/NCV study dated 11/15/10 from M.D.  
An evaluation with D.O. dated 12/16/10  
A CT myelogram with post myelogram CT scan of the cervical spine dated 05/25/11 and interpreted by M.D.  
A Utilization Review Worksheet from Review Med dated 06/28/11 and 07/06/11  
A Utilization Review Determination from M.D. at Review Med dated 07/01/11  
Another Utilization Review Determination from M.D. at Review Med dated 07/11/11  
An undated preauthorization request from Dr.  
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

### **PATIENT CLINICAL HISTORY**

X-rays of the cervical spine dated 06/10/10 were negative. On 08/11/10, Dr. evaluated the patient for his mostly right scapular pain. An MRI of the cervical spine, medications, and full duty were recommended. An MRI of the cervical spine dated 08/19/10 revealed a small left central C6-C7 protrusion. On 09/27/10, Dr. noted they would continue the patient's medications and obtain an EMG study. Dr. performed an EMG/NCV study of the bilateral upper extremities that showed no specific electrodiagnostic evidence of cervical radiculopathy, focal compression neuropathy, brachial plexopathy, myopathy, or diffuse peripheral neuropathy. On 12/16/10, Dr. recommended trigger point injections of the right and left splenius capitis times two, right and left splenius cervicis times two, and right and left trapezius times two and a Flector patch. On 01/24/11, Dr. reviewed the MRI. He felt the patient had a C5-C6 broad based disc herniation obliterating the subarachnoid space with right arm pain and continued the Tramadol, Skelaxin, and Motrin. A CT myelogram of the cervical spine was recommended. On 03/07/11, Dr. Sazy again recommended a CT myelogram of the cervical spine. The patient underwent the cervical myelogram with post myelogram CT scan on 05/25/11. It revealed a 2 mm. left paracentral "soft disc" protrusion at C6-C7 that produced mild ventral dural deformity without spinal cord impingement and left 10 to 11 mm residual midsagittal dural diameter. There were also 1 to 2 mm. "hard disc" impressions on the dural sac at C4-C5 and C5-C6 produced by ossification in the posterior longitudinal ligament. It was noted these did not reach the spinal cord on the supine CT and they left 10 mm. of residual midsagittal dural diameters at both levels. It was noted the findings suggested some hypermobility at C4-C5 and slight retrolisthesis in extension and greater separation of the spinous processes of C4 and C5 than any of the other cervical spinous processes in

cervical flexion. On 06/13/11, Dr. noted they would consider a C4-C5 ACDF due to the retrolisthesis found on the CT scan. Dr. provided an adverse determination from Review Med on 07/01/11 for the requested C4-C5 ACDF. On 07/11/11, Dr. also provided an adverse determination from Review Med for the requested C4-C5 ACDF.

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

The recommended surgical procedure is not appropriate for several reasons. First, even if the surgical procedure was medically reasonable and necessary, the average length of stay for a single level ACDF is one day postoperative, not three days as requested. Further, the ODG does not endorse the use of surgical procedure in the absence of radiculopathy. Clearly, this patient has no radiculopathy, which is supported by the normal EMG study performed on 11/15/10. The changes at C4-C5 are minor. There is no evidence of neural compression. Therefore, there is no surgical indication.

The specific indications for discectomy are noted in the ODG and include evidence of radicular pain and sensory symptoms in the cervical distribution that correlate with the involved cervical level or presence of a positive Spurling's test. None of these are positive based on the documentation provided. There is no motor deficit or reflex change on examination as required. The abnormal imaging is not abnormal and there are no positive findings that correlate with nerve root involvement. Therefore, the requested inpatient C4-C5 ACDF, plating at C4-C5, and spinal monitoring with a three day length of stay is neither reasonable nor necessary and the previous adverse determinations should be upheld.

**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 AND KNOWLEDGE BASE
- 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)**