



**Notice of Independent Review Decision**

**IRO REVIEWER REPORT – WC NETWORK**

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**DATE OF REVIEW:** 07/18/11

**IRO CASE #:**

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

ACDF C5-C7 with Allograft and Plating  
One Day Inpatient Stay

**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.

ACDF C5-C7 with Allograft and Plating – UPHELD  
One Day Inpatient Stay – UPHELD

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Emergency Department Medical Record, M.D., Health System, 02/16/11
- Cervical Spine CT, M.D., Health System, 02/16/11
- Left Shoulder X-Ray, Dr. 02/16/11
- Evaluation, M.D., 02/16/11, 02/18/11, 02/21/11, 03/03/11, 03/11/11, 03/25/11, 04/22/11, 05/26/11, 06/29/11
- DWC Form 73, Dr., 02/16/11, 02/18/11, 02/21/11, 03/03/11, 03/11/11, 03/25/11, 04/22/11, 05/26/11, 06/29/11
- Evaluation, M.D., Spine Consultants, 03/07/11, 03/31/11, 04/14/11, 05/05/11
- DWC Form 73, Dr., 03/07/11, 03/31/11, 04/14/11, 05/05/11
- Correspondence, Dr. 03/08/11, 05/18/11
- Correspondence, 03/15/11
- Physical Therapy, Rehabilitation, 03/16/11, 03/17/11, 03/18/11, 03/23/11, 03/24/11
- Cervical Myelogram, Post-Myelogram Cervical CT, Lumbar Myelogram, Post-Myelogram Lumbar CT, X-Rays, Lumbar Spine, M.D., Radiology
- Cervical Spine CT, M.D., 04/09/11
- Denial Letters, 05/11/11, 06/15/11

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient was driving and the bottom of what he was driving on collapsed. A CT scan at the time of injury revealed no fracture, and degenerative disc disease from C6 through C7 with mild spinal stenosis at C6-C7 and bilateral foraminal stenosis at C5-C6. There was no instability of plain films. A CT myelogram demonstrated disc space narrowing at those levels with bilateral neuro foraminal narrowing. The patient had been feeling better and then was involved in a motor vehicle accident which aggravated his symptoms. The patient had no improvement following injection on 04/19/2011. A physical examination demonstrated multi-muscle weakness. M.D. non-certified the first request due to insufficient clinical material. On 05/18/11, M.D. reported that an examination revealed some generalized weakness, particularly seen with bilateral grip and triceps. In a later letter, Dr. reported that "On 04/14/11, (the patient) reported to (Dr.) that he was doing a little bit better' but he had a positive Spurling's sign on the right, as well as some generalized weakness of the right upper extremity. M.D. performed the second pre-certification review and stated:

As per medical records, the patient complains of neck back pain. The pertinent physical findings noted positive Spurling's sign with decreased range of motion of the neck motion and strength. The CT of the cervical spine dated 04/09/2011 revealed no acute fracture or traumatic subluxation of the cervical spine, spondylosis at C5-C7, which contributes to mild spinal canal and moderate bilateral neural foraminal stenosis. Based on the guidelines, there must be evidence that the patient has received and failed at least trial of conservative care. However, the documentations of failure of conservative management done to the patient including Physical Therapy progress notes and adequate pain medications were not provided

for review. Furthermore, the clinical information did not provide objective documentation of the patient's clinical and functional response from the mentioned Epidural Steroid Injections that includes sustained pain relief, increased performance in the activities of daily living and reduction in medication use. Also, there was no gross instability in the radiographic study. With this, the medical necessity of the requested appeal has not been fully established.”

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

In my opinion, the ACDF C5-C7 with Allograft and Plating and One Day Inpatient Stay is not medically reasonable and necessary. There is no consistent mention of radicular pain. From the time of injury through May 25 the patient indicates neck pain without radiculopathy. While there is mention of a positive Spurling test. There is no documentation that this test reproduced radicular pain. There is no convincing evidence of specific motor deficits in the medical record. Although the ODG does not require an EMG, it does recommend one “in cases where clinical findings are unclear” as it is in this case. While there are abnormal findings on imaging studies, it is difficult to correlate to positive findings that “correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings” as is required by the ODG. The epidural block did not provide at least 75% pain relief for the duration of the local anesthetic. He smokes one pack of cigarettes a day which is a contraindication to fusion. I cannot find records that the “the patient has received and failed at least a 6-8 week trial of conservative care” as required by the ODG. For these reasons, the prior denials are 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 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 5<sup>TH</sup> EDITION**