

Wren Systems

An Independent Review Organization
3112 Windsor Road #A Suite 376
Austin, TX 78703
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jul/13/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ACDF C3-4, 4-5 with removal hardware and Posterior Laminectomy C3-5 and DCS 1-2 days
LOS Inpatient 1-2 days

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

MD, Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female with a date of injury xx/xx/xx, when she was moving a set of patient scales. She is status post C6-C7 posterolateral fusion (02/04/2002); anterior cervical discectomy and fusion C5-C6 (06/01/1993), and spinal cord stimulator (03/30/2004). The stimulator is no longer functioning, but had been controlling her pain very well. She complains of neck pain radiating into the bilateral upper extremities. Her examination 05/06/2011 reveals a positive Spurling's sign. The provider is recommending an ACDF at C3-C4 and C4-C5 with removal of hardware, posterior laminectomy from C3-C5, DCS, with a 1-2 day length of stay. He feels that placing the leads via a laminectomy is the best way to implant the spinal cord stimulator. However, he is concerned about a worsening kyphotic deformity. A CT myelogram 12/09/2009 reveals reversal of normal cervical lordosis. There is mild bilateral foraminal stenosis at C3-C4 and C4-C5 with mild central canal stenosis at C4-C5. Hence, he proposes the ACDF first.

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

The proposed surgery is medically necessary. According to the ODG, "Neck and Upper Back" chapter, a laminectomy can result in the "development of kyphosis". The claimant already has a focal kyphosis. She has had improvement in the past with a spinal cord stimulator. However, one cannot be effectively placed without a laminectomy just above the level of the already present kyphosis. In order to prevent further deformity and possible neurologic compromise from the deformity, the provider is proposing a two level ACDF to help correct the deformity and stabilize the segment.

This is not primarily for a decompression (as is addressed by ODG), but for correction of deformity, which is not addressed in ODG, but is so, in the peer-reviewed medical literature (see references below). Given that she has had prior success with a dorsal column

stimulator, the guidelines would not require her to undergo further conservative therapy or other psychological screening. She does have an unusual clinical scenario. However, the treatment proposed is medically necessary. The length of stay is also appropriate for the requested procedure. The reviewer finds that there is a medical necessity for ACDF C3-4, 4-5 with removal hardware and Posterior Laminectomy C3-5 and DCS 1-2 days LOS Inpatient 1-2 days.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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

Neurosurg Focus. 2003 Sep 15;15(3):E5

Postlaminectomy cervical deformity

Deutsch H, Haid RW, Rodts GE, Mummaneni PV.

J Neurosurg. 2002 Jan;96(1 Suppl):10-6

Cervical spinal stenosis: outcome after anterior corpectomy, allograft reconstruction, and instrumentation

Mayr MT, Subach BR, Comey CH, Rodts GE, Haid RW Jr.

Neurosurg Focus. 2010 Mar;28(3):E15

Comparison between anterior and posterior decompression with instrumentation for cervical spondylotic myelopathy: sagittal alignment and clinical outcome

Cabraja M, Abbushi A, Koeppen D, Kroppenstedt S, Woiciechowsky C.

J Neurosurg Spine. 2009 Nov;11(5):518-9; discussion 519-20

Importance of sagittal balance in determining the outcome of anterior versus posterior surgery for cervical spondylotic myelopathy

Fehlings MG, Gray R.

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)