



Notice of Independent Review Decision

DATE OF REVIEW: 03/24/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Surgery Cervical Fusion at C3-4
Discectomy Anterior w/Decompression Spinal Cord
Post Operative Inpatient Stay x 2 Days
Assistant Surgeon

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

Board Certified in Neurological 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.

- Surgery Cervical Fusion at C3-4 Discectomy Anterior w/Decompression Spinal Cord – OVERTURNED
- Post Operative Inpatient Stay x 2 Days - UPHELD
- Assistant Surgeon - UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Thoracic Spine X-rays, M.D., 12/02/02
- Evaluation, M.D., 06/04/03, 07/16/03, 09/17/03, 02/03/04, 03/09/04, 04/27/04, 06/23/04, 11/24/04
- Cervical Spine MRI, M.D., 06/04/03
- Correspondence, Dr. 06/09/03, 03/16/05
- Cervical Discogram, M.D., 08/01/03
- History and Physical, Dr. 01/29/04
- Operative Report, Dr., 01/29/04
- Cervical Spine X-rays, M.D., 03/09/04
- Cervical Spine X-rays, M.D., 06/23/04, 08/17/04
- Evaluation, Clinic, 10/08/10
- Cervical Spine MRI, M.D., 10/15/10
- Physical Therapy Evaluation, Rehabilitation Center, 11/02/10
- Office Visit, M.D., 11/03/10, 12/21/10, 01/25/11
- Physical Therapy Note, P.T., 11/08/10, 11/10/10, 11/15/10, 11/17/10, 11/24/10, 11/30/10, 12/02/10
- Evaluation, M.D., 01/10/11
- Denial Letter 01/31/11, 03/02/11
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

This patient injured himself originally in xxxx. He slipped on some marble and developed some pain in his neck. He was worked up and had an MRI, which showed some stenosis at multiple levels. A discogram was performed, and for some reason he had a 3-level ACDF and plating at C4-C5, C5-C6, and C6-C7.

Postoperatively, he did relatively well and did fine until xx/xx/xx when he had a neck injury when he fell shoveling and hit his left shoulder and neck. He had a headache and was seen at the Medical Clinic by Dr. for the neck injury. A Medrol Dosepak, Flexeril, Voltaren, and Reprexain were given. A cervical MRI showed a large C3-C4 central herniated disc with lateral recess effacement and bilateral intervertebral foraminal stenosis. Neurologically, he was normal. After therapy, he was seen by Dr., a neurosurgeon. He had neck pain going into the left hand and elbow, with a headache. The left lower extremity felt numb at times. It disturbed his sleep. Neurologically, he was normal and it was recommended he have an ACDF. He had a second opinion with

Dr. who concurred with a C3-C4 ACDF and fusion. Dr. and Dr. who were reviewing the case for, did not feel the surgery was indicated.

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

The guidelines, in my opinion, for a ACDF at C3/C4 have been met by the studies and clinical course of this patient and therefore, the surgery involving a cervical fusion at C3-C4 Discectomy Anterior with decompression of the spinal cord would be medically reasonable and necessary. C3/C4 has little in the way of representation in the upper extremities, and the area most significantly involved is that which comes from the lateral neck and over the medial clavicular area in pain distribution and sensory. There is little in the way that can be detected motor-wise for this cervical nerve root of C4. Likewise, there is no reflex that could be checked. Based on that, in my opinion, this patient does indeed meet the criteria necessary for surgical intervention at the C3/C4 level.

I do not feel that a two day hospital stay is indicated as, in a majority of cases, this procedure can be done on an outpatient, or 23 hour, admission. Additionally, though it is nice to have an assistant surgeon, it is not absolutely medically 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**