



MedHealth Review, Inc.  
661 E. Main Street  
Suite 200-305  
Midlothian, TX 76065  
Ph 972-921-9094  
Fax 972-775-6056

## Notice of Independent Review Decision

**DATE OF REVIEW:** 3/3/11

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of anterior cervical decompression at C5-7 (63075), additional level (63076), cervical fusion at C5-7 (22554), additional level (22585), insert spine fixation device (22845), allograft (20931) and 23 hour observation (99234).

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

### **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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of anterior cervical decompression at C5-7 (63075), additional level (63076), cervical fusion at C5-7 (22554), additional level (22585), insert spine fixation device (22845), allograft (20931) and 23 hour observation (99234).

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

Records were received and reviewed from the following parties:  
Orthopedics.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: 1/26/11 office note by Dr., 1/26/11 letter by Dr.,

office notes from Medical Center from 1/7/11 to 1/14/11, cervical MRI report of 1/17/11, 1/26/11 precert request form, page with Dr. peer to peer times, 1/31/11 peer report by MD, 2/2/11 appeal precert request and 2/8/11 peer report by MD.

I Orthopedics: 2/8/11 report by MD.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The xx sustained a cervical region injury on xx/xx/xx. Complaints include numbness, decreased grip strength and increased weakness of the left upper extremity with paresthesias. Clinical evaluation on 1/07/2011 revealed positive impingement of the left shoulder and without evidence of neurologic deficits. An MRI of the cervical spine from 1/17/2011 revealed annular disc bulging-protrusions from C4-7. Canal and left foraminal stenosis was noted at C-6 with encroachment of the left exiting nerve root at 06-7 (due to moderate left foraminal stenosis). There was moderate canal stenosis present at this level. Follow up on 01/26/2010 revealed that the patient has continuing complaints of severe neck pain radiating into the left upper extremity. Mild weakness was noted throughout the left upper extremity. An absent left triceps reflex was noted. Sensation was intact. There were no findings consistent with radiculopathy, including the lack of hyper-reflexia. The claimant was considered for ACDF at C5-7. On 1/26/11, the AP described the disc abnormalities as very large "herniations" with severe neurological encroachment. The claimant noted issues with increased left upper extremity weakness and some balance issues. Heel/toe ambulation was difficult. Diffuse left upper extremity weakness was noted. Urgent surgical intervention was felt indicated by the AP. It was noted that "He has had no formal treatment to date." Denial letters were reviewed with rationale noted.

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

Despite the lack of electrical studies; the patient was noted to have objective evidence of a plausibly progressive neurologic deficit of myeloradiculopathy. This is reflected by the painful neck motion, balance issues and multi-level left upper extremity radiculopathy corroborated by the MRI findings. As such, reasonable non-operative treatment has minimal probability of success and may be contraindicated (with regards to therapy, manipulation etc.). Based on the preceding, medical reasonableness and necessity is supported at this time. The patient meets the ACDF predictors of a good outcome at this time; therefore, the reviewer notes that the procedure is medically necessary and indicated at this time.

**Reference:** ODG-Cervical Spine

*Predictors of outcome of ACDF:* Predictors of good outcome include non-smoking, a pre-operative lower pain level, soft disc disease, disease in one level, greater segmental kyphosis pre-operatively, radicular pain without additional neck or lumbar pain, short duration of symptoms, younger age, no use of

analgesics, gainful employment, higher preoperative NDI and normal ratings on biopsychosocial tests such as the Distress and Risk Assessment Method (DRAM). Predictors of poor outcomes include non-specific neck pain, psychological distress, psychosomatic problems and poor general health, litigation and workers' compensation. (Anderson, 2009) (Peolsson, 2006) (Peolsson, 2003) Patients who smoke have compromised fusion outcomes. (Peolsson, 2008)

**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)**