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**Notice of Independent Review Decision**

**IRO REVIEWER REPORT – WC (Non-Network)**

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**DATE OF REVIEW:** 05/09/11

**IRO CASE #:**

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

Hardware removal at C5-C7 with anterior cervical discectomy and interbody fusion at C4-C5 and C7-T1 with exploration of the fusion and revision with instrumentation and posterior instrumentation

**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.

Hardware removal at C5-C7 with anterior cervical discectomy and interbody fusion at C4-C5 and C7-T1 with exploration of the fusion and revision with instrumentation and posterior instrumentation - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

## **PATIENT CLINICAL HISTORY**

An x-ray of the abdomen interpreted by Dr. on 08/31/06 showed degenerative changes in the spine and an injection pump with fractured catheter. The patient had multiple reprograms and refills of the pain pump in 2007 and 2008. On 04/16/07, Dr. performed revision of the intrathecal narcotic pump catheter. On 07/19/07, Dr. performed a narcotic pump rotor study and removed/replaced the pump battery. On 08/06/07 and 08/23/07, Dr. performed revisions of the intrathecal narcotic pump pocket. On 05/15/08, Dr. recommended a caudal ESI, Tizanidine, and Hydrocodone/APAP. Lumbar ESIs were performed by Dr. on 06/05/08 and 09/04/08. A cervical ESI was performed with Dr. on 11/04/08. The patient continued to have reprogramming and refills of the pain pump in 2009 and 2010. A lumbar CT myelogram interpreted by Dr. on 03/31/09 showed marked straightening of the lumbar spine with joint space narrowing at L3-L4, L4-L5, and L5-S1, postsurgical changes, and degenerative changes. Laboratory testing on 05/12/09 showed Fentanyl, opiates, Hydrocodone, and Hydromorphone. On 06/09/09, Dr. prescribed Baclofen, Norco, Naprosyn, and Trazodone. On 01/14/10, Dr. recommended an intrathecal pump revision, Oxycodone, and Oxycontin. On 07/15/10, Dr. recommended a CT scan and an MRI of the cervical spine. An MRI of the cervical spine interpreted by Dr. on 08/03/10 showed a broad disc protrusion at C3-C4 with neural foraminal narrowing, a broad disc bulge at C4-C5, and postoperative changes at C5-C6 and C6-C7. A CT scan of the cervical spine interpreted by Dr. on 09/22/10 showed postoperative and degenerative changes of the cervical spine. Cervical surgery at C3-C4 was performed by Dr. on 12/17/10. On 01/13/11, Dr. recommended a Medrol Dosepak. On 02/10/11, Physician's Assistant performed a trigger point injection. On 02/24/11, Dr. recommended a left hip injection. On 03/11/11, Dr. wrote a letter of non-certification for hardware removal with exploration of the fusion and revision at C5-C7. On 03/31/11, Dr. recommended an EMG of the left hand. On 04/04/11, Dr. felt the patient almost appeared to be a Munchausen's syndrome, felt it might take an inpatient program to withdraw her from medication, felt that Naproxen and short-acting opioids would be appropriate, and that no further treatment would be reasonable or necessary. On 04/12/11, Dr. also wrote a letter of non-certification for the cervical spine surgery.

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

The patient does have mild degenerative changes at C4-C5 and C7-T1. There is no evidence of compressive pathology or severe disc space collapse present at either level that would require anterior cervical discectomy and fusion. While Dr. indicates there is a screw in the disc space, this is not noted by any of the objective imaging reviewed by neutral parties. Additionally, there is no indication that even if the screw was removed and the level fused that this chronic pain patient would improve. The patient does not meet the criteria set forth by the ODG because she does not have radicular signs and/or symptoms. Therefore, the hardware removal at C5-C7 with anterior cervical discectomy and interbody fusion at C4-C5 and C7-T1 with exploration of the fusion and revision with instrumentation and posterior instrumentation 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
- X 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)