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**NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:** May/23/2011

**IRO CASE #:**

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

Removal of previous plate C4/5 C5/6 - Anterior Cervical Discectomy with Anterior Interbody Fusion C3/4 C6/7 with placement of long plate with 1 day inpatient stay

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

MD, Board Certified Neurosurgeon

**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**

This is a male with a date of injury xx/xx/xx when he was involved in a motor vehicle accident. He is status post C4-C6 ACDF. He complains of neck pain radiating into the left arm. There is also some tingling in the left arm. He has undergone an epidural steroid injection and medications. His neurological examination 01/13/2011 is normal. Plain films of the cervical spine with flexion and extension 03/11/2011 show a focal kyphosis at C3-C4 with stable alignment in flexion and extension. A CT myelogram 02/10/2011 shows at C3-C4 a moderate posterior disc osteophyte complex with mild central and bilateral neuroforaminal stenosis, small posterior disc osteophyte complex at C6-C7 with a superimposed right paracentral disc protrusion indenting the thecal sac and compressing the right ventral cervical cord with mild central right and moderate left foraminal stenosis. MRI of the cervical spine 12/09/2010 shows borderline central stenosis at C3-C4 and right paracentral disc protrusion at C6-C7 causing mild right lateral recess and foraminal stenosis. The provider is requesting removal of plate C4-C6 with an ACDF at C3-C4 and C6-C7 with placement of a long plate and a one-day inpatient stay.

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

The reviewer finds that Removal of previous plate C4/5 C5/6 - Anterior Cervical Discectomy

with Anterior Interbody Fusion C3/4 C6/7 with placement of long plate with 1 day inpatient stay is not medically necessary at this time. Firstly, it is not clear that the claimant has exhausted all conservative measures. There is no mention that he has undergone any physical therapy. Secondly, according to the ODG, "Neck and Upper Back" chapter, "There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level" in order for a cervical discectomy to be medically necessary. In this case, there is no objective evidence of radiculopathy. For these reasons, then, upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

ODG Indications for Surgery -- Discectomy/laminectomy (excluding fractures): Washington State has published guidelines for cervical surgery for the entrapment of a single nerve root and/or multiple nerve roots. (Washington, 2004) Their recommendations require the presence of all of the following criteria prior to surgery for each nerve root that has been planned for intervention (but ODG does not agree with the EMG requirement): A. There must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test. B. There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level. Note: Despite what the Washington State guidelines say, ODG recommends that EMG is optional if there is other evidence of motor deficit or reflex changes. EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms such as metabolic (diabetes/thyroid) or peripheral pathology (such as carpal tunnel). For more information, see EMG. C. An abnormal imaging (CT/myelogram and/or MRI) study must show positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings. If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic. D. Etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures. E. There must be evidence that the patient has received and failed at least a 6-8 week trial of conservative care.

**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)

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