

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

ATE OF REVIEW:

Oct/04/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior Cervical Discectomy and Fusion C4 to C5 with three (3) day inpatient stay

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

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Adverse determination letter 08/31/11 regarding non-authorization anterior cervical discectomy and fusion C4-5 with three day inpatient stay

Adverse determination letter 09/15/11 non-authorizing reconsideration request for anterior cervical discectomy and fusion C4-5 with three day inpatient stay

Clinical records Center 02/09/10 through 08/10/11

MRI cervical spine 02/19/10

EMG/NCV 03/25/11

Contested case hearing decision and order 10/15/10

Medical record review Dr. 04/20/11

Designated doctor evaluation 06/03/11

Adverse determination letter 07/01/11 non-authorizing medical necessity for anterior cervical discectomy and fusion C4-5 with three day inpatient stay

Physical therapy daily progress notes (both pre and post right shoulder surgery)

Operative report arthroscopic right shoulder subacromial decompression and acromioplasty 06/29/10

Pre-operative work up including EKG, chest x-ray and clinical laboratory report

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xxxx. Records indicate he was working in a confined space. He was bent over in a difficult position, attempted to restrain high pressure water overflow. When it was turned on it forcibly moved and caused him to injury his right shoulder in his neck region. The claimant underwent right shoulder arthroscopic subacromial decompression and acromioplasty on 06/29/10. According to orthopedic spinal evaluation on 01/19/11 the claimant has undergone regular x-rays, MRI, CT scan, course of physical therapy, chiropractic adjustments, massage, pain management, ultrasound and epidural steroid injections. He complains of right side neck pain with radiation to the right shoulder, scapular area and into the right upper extremity. MRI of the cervical spine dated 02/19/10 revealed multilevel cervical spondylosis with mild spinal canal stenosis at C3-4, C4-5, C5-6 and C6-7. A right central disc extrusion is seen at C4-5. There is moderate to severe bilateral foraminal narrowing at C5-6 and moderate to severe right foraminal narrowing at C4-5 and C6-7. Electrodiagnostic testing on 03/25/11 reported evidence of mild to moderate chronic right C6-7 radiculopathy. Office note dated 08/10/11 indicates the claimant has undergone a course of physical therapy. Epidural steroid injections were requested by have been denied. Surgical intervention for an anterior cervical discectomy with fusion at C4-5 was requested but denied. It was noted that per contested case hearing findings the right central disc extrusion at C4-5 is causally related to the compensable injury. A designated doctor evaluation on 06/03/11 noted that the claimant's extruded disc at C4-5 on MRI correlates well with symptoms that the claimant has in the right arm. The symptoms also are supported by positive EMG that showed acute severe C4-5 radiculopathy. Claimant was recommended to undergo anterior cervical discectomy and fusion C4-5 with three day inpatient stay.

Per adverse determination letter dated 08/31/11, a pre-authorization request for anterior cervical discectomy and fusion C4-5 with three day inpatient stay was not authorized as medically necessary. It was noted that the claimant underwent right shoulder subacromial decompression and acromioplasty and continued with significant pain in the neck region post-operatively radiating into the right shoulder region. MRI of the cervical spine from 02/19/10 revealed multilevel cervical spondylosis, spinal canal stenosis to a mild degree at multiple levels and at C4-5 right central disc extrusion with moderate/severe bilateral foraminal narrowing. EMG from 03/24/11 documented acute severe C4-5 radiculopathy and C6-7 chronic radiculopathy and carpal tunnel syndrome. Epidural steroid injections were requested and denied. Physical examination on 06/03/11 documented the claimant to have significant decreased range of motion in the cervical spine in all areas, upper extremity reflexes good bilaterally, strength at right arm revealed some decrease in strength in the right biceps and wrist flexion on the right compared to the left. Reviewers noted that the claimant has equivocal clinical radiculopathy. There was clear radiculopathy documented on EMG/NCV however the claimant has intact reflexes with slight decreased strength in the upper extremity. Less invasive levels of care such as epidural steroid injections have not been performed prior to surgery. There is no clinical instability. Guidelines indicate that fusion for degenerative disc disease resulting in axial pain with no radiculopathy surgery remains controversial and lower levels of care remain the choice if there is no evidence of instability. As such the request was not certified.

Per adverse determination letter dated 09/15/11 reconsideration/appeal request for anterior cervical discectomy and fusion C4-5 with three day inpatient stay was non-authorized as medically necessary. The reviewer noted the claimant has equivocal radiculopathy documented by medical examination findings. EMG documents acute C4-5 radiculopathy however clinically the claimant has intact reflexes and slight decreased strength. There has been no prior documentation of less invasive lower levels of care such as injection therapy prior to the requested surgery. No flexion e3xtension x-rays documenting instability of the cervical spine were noted. Guidelines indicate cervical fusion for degenerative disease resulting in axial neck pain with no radiculopathy remains controversial and conservative care remains choice treatment if there is no evidence of instability. The EMG report of 03/25/11 documented physical examination prior to the test showing good strength throughout with no appreciated sensory deficits or strong asymmetry in reflexes. EMG was noted to document evidence of mild to moderate chronic right C6 radiculopathy; severe right carpal tunnel

syndrome was also noted. It was noted that the right central disc extrusion at C4-5 was accepted as included in the compensable injury per contested case hearing decision and order of 10/15/10. However it was noted that on direct EMG there was no documentation of acute C4-5 radiculopathy by the examiner. Claimant had intact reflexes and no atrophy documented. There was slight decreased strength in the upper extremity. Severe right carpal tunnel syndrome was noted. Strength deficit was not specified in a particular dermatome. The claimant has documented chronic radiculopathy C6-7 reported via EMG with severe right carpal tunnel syndrome without acute severe C4-5 radiculopathy documented directly by the examiner without reflex loss or muscle atrophy or cervical instability, requested procedure is not medically supported.

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

Based on the clinical information provided, the proposed anterior cervical discectomy and fusion C4-5 with three day inpatient stay is not indicated as medically necessary. Claimant is noted to have sustained an injury on xx/xx/xxxx. He underwent arthroscopic surgery to the right shoulder with subacromial decompression and acromioplasty performed 06/29/10. He continued to complain of right sided neck pain radiating the right shoulder and right upper extremity. MRI revealed multilevel cervical spondylosis with mild spinal canal stenosis at multiple levels. A right central disc extrusion was noted at the C4-5 level with moderate to severe right foraminal narrowing at this level. Electrodiagnostic testing performed on 03/25/11 reported evidence of mild to moderate chronic right C6-7 radiculopathy. The actual wave forms were not provided for review, but the EMG report does not reflect evidence of acute severe C4-5 radiculopathy as reported by designated doctor evaluation. Noting that the claimant does not have clinically obvious radiculopathy in the C4-5 distribution, and noting that lower levels of care for the cervical spine have not been exhausted, medical necessity is not established at this time.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES