

7. MRI cervical spine dated 10/12/10.
8. EMG Consult dated 11/29/10.
9. Electrodiagnostic Consultation Report dated 2/16/09.
10. MRI cervical spine dated 12/22/08.
11. X-ray cervical spine dated 9/13/10.
12. X-ray chest dated 8/18/10.
13. X-ray cervical spine dated 8/24/10.
14. Operative note dated 9/24/10.
15. MRI left shoulder dated 2/8/10.
16. Operative Procedure Report dated 2/10/09.
17. ODG TWC Neck.
18. Denial Documentation.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury to her neck and left arm on xx/xx/xxxx while lifting a heavy box. The patient is status post left shoulder surgery and anterior cervical discectomy and fusion of level C5-C6. The patient's neurosurgeon indicates the patient continues to have problems with her neck and arms with numbness in her arms at times. The report of an MRI performed on 7/29/11 with and without contrast states the following: postoperative changes as above, no abnormal enhancement, no epidural abnormality, no hematoma and central canal is patent. Under findings it was noted, "Cervical spine demonstrates metallic artifact from hardware due to anterior fusion at the C5-6 level. Spinal cord signal was normal. Central canal is patent. No abnormal enhancement detected." On 8/23/11, the neurosurgeon indicated an MRI was strongly positive for recurrent herniated disc at the level of C5-C6 recurrent and also C6-C7. He further noted the patient had severe radicular pain to the left side with evidence of some changes in the needle examination. The neurosurgeon recommended IP anterior cervical discectomy and fusion C5-C6 redo. An EMG consult on 11/29/10 revealed chronic ulnar mononeuropathy left side. Complex regional pain syndrome type II was suggested. Stellate ganglion blocks and gabapentin were suggested. The records do not document a diagnosis of radiculopathy. At issue is whether IP ACDF C5-C6 redo is medically necessary for this patient.

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

Review of the submitted clinical documentation reveals that there has been no identified pain generator in this case. In addition, the opinion of the patient's surgeon is sufficiently different from the radiologist's opinion with respect to the most recent MRI that there appears to be a discrepancy in the findings. Further, according to the Official Disability Guidelines (ODG), there is conflicting evidence about the benefits of cervical spine fusion or fusion in general. All told, given the discrepancy in the findings of the practitioners involved in this case, there is inadequate evidence that the patient is an appropriate candidate for the proposed procedure. Therefore, I find that the requested IP ACDF C5-C6 redo is not medically necessary for this patient.

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)