SENT VIA EMAIL OR FAX ON
Aug/31/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Cervical Spine Surgery

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

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY
The injured employee is a male whose date of injury is xx/xx/xx. Records indicate he sustained injuries to left side of his neck and shoulder area. The injured employee has a history of previous ACDF at C4-5 and C5-6 performed on 05/27/10. MRI of cervical spine dated 06/03/11 reported anatomic alignment of the cervical spine noted with no occult fracture or cord contusion; C3-4 flattening of the thecal sac with moderate narrowing of right neural foramen; C4-5 a solid anterior interbody fusion is noted with no canal stenosis or foraminal narrowing; C5-6 a solid anterior interbody fusion is noted, a 3 mm disc bulge flattens the thecal sac with no canal stenosis present, with severe bilateral foraminal narrowing seen; C6-7 an annular disc bulge flattens the thecal sac with mild bilateral foraminal narrowing. The injured employee was treated conservatively with physical therapy.

He was seen in surgical consultation by Dr. on 06/07/11 with chief complaint of neck pain and left arm pain. The injured employee was noted to be on light duty. X-rays of the cervical spine including flexion and extension views indicate plantar cervical decompression and discectomy, instrumented arthrodesis at C4-5 and C5-6 with adjacent segment disease, functional spinal unit collapse at C6-7. On examination there is a well healed anterior incision, paravertebral muscle spasm and trigger point of left scapular origin, mid portion trapezius on left. There is a hypoactive triceps jerk on left, paresthesias in C7 nerve root distribution on left and weakness of triceps on left. There was negative Tinel's, Phalen's and Hoffman's, positive compression test, positive shoulder abduction test. The injured employee was seen in follow-up by Dr. on 07/05/11 with persistent neck pain and radiation to left arm. Physical therapy really did not help much. Epidural steroid injections were discussed and the injured employee really does not want to proceed with this but wants to proceed with surgical intervention. Physical examination remains unchanged. The injured employee was recommended to proceed with cervical spine surgery.

Per utilization review determination of 07/14/11 it was noted that the proposed spinal surgery was not recommended as medically necessary. The submitted clinical records were noted to contain a single MRI report performed on 06/03/11. Based upon review of the medical records the injured employee's compensable injuries were limited to cervical and trapezius myofascial strains. The injured employee has a history of previous two level ACDF at C4-5 and C5-6 with a congenital anomaly, fusion at C6-7 level. It was noted to be clear from historical records that there was collapse of this level prior to the compensable event, and it is unclear as to why this was not treated surgically with the initial ACDF. There was no objective evidence to indicate the C6-7 level sustained any injury as a result of the work place event of. The imaging study was consistent with change in spinal dynamics after the initial two level ACDF at C4-5 and C5-6. The need to perform surgery is unrelated to the work place event and therefore the request for spinal surgery is not medically necessary or related to the date of injury of.

A utilization review determination dated 07/25/11 determined that the requested surgery was not medically necessary and related to the date of injury. It was noted that due to the MRI report for 09/09 not being provided for review it could not be adequately compared to findings on the MRI report of 06/06/11 and therefore cannot determine if this surgery is related to the Xx/xx/xx injury. Both reports would be necessary to make an opinion of that nature. It was noted that a C7 congenital anomaly with what was felt to be a congenital fusion.

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

Based on the clinical information provided, medical necessity is not established for the proposed cervical spine surgery. It is noted that the injured employee has a previous history of ACDF at C5-6 and C6-7, with a congenital anomaly at C6-7. MRI dated 06/03/11 revealed solid anterior interbody fusion at C4-5 and C5-6. At C3-4 there is an annular bulge that flattens the thecal sac. At C6-7 there is an annular disc bulge flattening the thecal sac with mild bilateral foraminal narrowing. The C7-T1 level is unremarkable. As noted on previous reviews, it does not appear that there was any significant change attributable to the injury on that would support the need for cervical spine surgery as relates to that injury. As such, the proposed cervical spine surgery is not indicated as medically necessary.

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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES