



Notice of Independent Review Decision - WC

IRO REVIEWER REPORT – WC

DATE OF REVIEW: 12/17/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient Hardware Removal, Posterior Cervical Laminectomy C5 and Posterior Cervical Laminectomy C6

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.

Outpatient Hardware Removal – UPHELD
Posterior Cervical Laminectomy C5 – UPHELD
Posterior Cervical Laminectomy C6 – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Lumbar Spine MRI, 07/22/05
- Evaluation, 12/15/05, 12/29/05, 08/16/07, 09/25/07, 10/11/07, 11/08/07, 12/20/07, 03/18/08, 09/02/08, 03/24/09, 04/07/09, 05/21/09, 05/26/09, 05/28/09, 07/09/09, 08/11/09, 08/20/09, 11/19/09, 02/02/12, 10/11/12, 10/18/12

- Laboratory, 12/23/05
- Lumbar Spine CT, 12/25/05
- Cervical MRI, 04/16/07
- History, Unknown Provider, 04/24/07
- New Patient Evaluation, 05/10/07
- Follow Up Examination, 06/01/07, 06/29/07, 07/26/07, 10/06/09, 10/27/09, 11/17/09, 12/08/09, 02/18/10, 05/18/10, 06/15/10, 07/15/10, 08/19/10, 10/15/10, 02/08/11, 04/07/11, 07/06/11, 10/06/11, 11/22/11, 12/20/11, 01/17/12, 02/15/12, 05/14/12, 08/15/12, 09/13/12, 10/01/12, 11/27/12
- Epidural Steroid Injection, 06/15/07
- Laboratory, 09/18/07, 05/20/09
- Operative Report, 09/26/07, 05/22/09
- Cervical MRI, Open Air MRI, 04/02/09
- Physical Therapy Referral, 08/14/09
- Plan of Care (Initial Evaluation), 08/14/09
- Discharge Summary, 09/21/09
- Impairment Rating, 01/05/10
- Correspondence, 03/30/10
- Cervical Spine MRI, 05/25/10, 12/02/11, 10/18/12
- Cervical Spine X-Ray, 06/15/10
- Electromyographic Evaluation, 10/25/11, 12/04/12
- Right Shoulder X-Rays, 02/15/12
- Cervical Spine CT, 09/27/12
- Cervical Myelogram, 09/27/12
- Pre-Certification Request Form, 10/31/12
- Denial Letter, 11/05/12, 11/19/12
- Correspondence from Patient, Undated

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who was injured on xx/xx/xx. The patient developed neck pain. Subsequently the patient underwent an anterior cervical discectomy and fusion at C5-C6 on 09/26/07 when a pseudoarthrosis developed. A revision fusion was performed on 05/22/09. When seen on 11/19/09, the patient reported still having right shoulder pain. At that time the neurological examination was intact. has continued to follow the patient with the 02/15/12 follow-up examination noting axial loading failing to increase patient's pain, and no neurological deficits were noted. The patient also has had right shoulder complaints that has treated conservatively. As continued to follow the patient, he failed to note neurological deficits on his examination. The 09/13/12 follow-up examination did note the pain shifting from the right to the left shoulder. As the patient extended and rotated the neck to the right, there was pain with tingling in a C6 distribution. Again axial loading did not increase the pain. On review of the MRI scan, noted foraminal stenosis at C5-C6, which was obscured by the fusion. After the CT myelogram, there was an indication of pressure on the right C6 nerve root with continued lack of focal neurological findings, but a reported dysesthesia in the C6 distribution was noted.

On 11/27/12 noted the patient had seen who recommended decompression of the C5-C6 neural foramen on the right. noted the denial due to lack of frank evidence of a radiculopathy. Again, pain on extension and rotation to the right was noted with a tingling dysesthesia in the right C6

distribution, but no focal neurological deficits were noted. An EMG study was recommended to determine if there was C6 nerve root innervated musculature damage.

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

The previous two reviewers recommended non-certification of the requested C5-C6 ACDF, noting documentation failing to report focal or progressive neurological deficits, and there is not a clear progressive neurological deficit nor clear radicular irritation documented correlating with the imaging studies.

At this time the medical records provided for my review fail to adequately address the previous Peer Review concerns as there is still lack of documentation of a clear focal neurological finding correlating with imaging studies that would support the requested C5-C6 decompression, and there is a lack of medical rationale offered supporting the need for a hardware removal. Therefore, I recommended non-certification of the hardware removal of posterior cervical laminectomy at C5 and C6.

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**