



Notice of Independent Review Decision

DATE OF REVIEW: 01/31/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior C4-C5 and C5-C6 Discectomy, Spinal Decompression and Fusion
Assistant Surgeon

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.

Anterior C4-C5 and C5-C6 Discectomy, Spinal Decompression and Fusion – UPHELD
Assistant Surgeon – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Left Shoulder MRI, D.C., 08/26/09
- Cervical Spine MRI, Dr., 08/26/09
- Notification of Determination, 09/11/09, 07/16/10
- Electrodiagnostic Studies, M.D., Diagnostic Imaging, 09/30/09
- Follow Up, M.D., 10/06/10
- Initial Evaluation, D.C., 10/12/10
- Evaluation, M.D., 11/04/10
- Notice of Independent Review Decision, 02/02/11
- Procedure Note, D.O., Imaging, 03/24/11
- Postmyelographic CT Cervical Spine, M.D., Diagnostic Imaging, 03/24/11
- Re-Evaluation, Dr. 10/20/11
- Pre-Authorization Request, Dr. 11/03/11, 12/01/11
- Notice of Determination, 11/09/11, 12/08/11
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient was injured in xx/xx when he began to experience some pain in the neck. The symptoms progressively worsened and then began radiating into the left shoulder and then he began to notice numbness and tingling in the hands. Treatment included physical therapy and a single epidural steroid injection (ESI). Electrodiagnostic studies revealed bilateral median motor neuropathy, left median sensory neuropathy, and left carpal tunnel syndrome, but no evidence of radiculopathy or brachial plexopathy. His medications included Metoprolol 50 mg twice daily, Cyclobenzaprine 10 mg three times per day, Lyrica 60 mg three times daily and Rampril 5 mg daily. An MRI scan of the cervical spine showed degenerative bulging at C5-C6 with some indentation of the spinal cord and possibly slight flattening seen on one view, but not confirmed on other sequences. A CT scan of the cervical spine showed advanced degenerative change at C4-C5 with disc space narrowing, posterior annular bulging and the large anterior osteophyte. At C5-C6, there was much less narrowing of the disc space, but a much greater degree of stenosis, due to disc herniation with the spinal canal measuring 9 mm and with some flattening of the spinal cord. An anterior C4-C5 and C5-C6 discectomy, spinal decompression and fusion was recommended.

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

The Official Disability Guidelines indicate that for an anterior cervical discectomy and fusion, there should be correlation between imaging studies and physical examination findings. At this time, the patient does have findings on imaging studies that would

support the C5-C6 discectomy, as there are neurological findings noted correlating with the C5-C6 level, but the patient's physical examination does not contain findings or an adequate medical rationale why C4-C5 should be included in the surgery. Therefore, I recommend non-certification of the two-level anterior cervical discectomy and fusion at C4-C5, C5-C6 and the assistant surgeon is not necessary as the surgery is not necessary.

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**