



## Notice of Independent Review Decision

**DATE OF REVIEW:** 02/17/12

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

63081 Anterior Cervical Discectomy and Fusion with Instrumentation @ C5-C6 and C6-C7  
63082 Remove Vertebral Body Add-On  
22554 Cervical Fusion  
22585 Additional Level Cervical Fusion  
22845 Insert Spine Fixation Device  
22851 Apply Spine Prosthetic Device  
20936 Spinal Bone Autograft  
69990 Microsurgery Add-On  
20974 Electrical Bone Stimulator  
62351 Implant Spinal Canal Catheter  
99221 Inpatient Hospitalization Stay One Day

### **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.

63081 Anterior Cervical Discectomy and Fusion with Instrumentation @ C5-C6 and C6-C7 – UPHELD

63082 Remove Vertebral Body Add-On – UPHELD

22554 Cervical Fusion – UPHELD

22585 Additional Level Cervical Fusion – UPHELD

22845 Insert Spine Fixation Device – UPHELD

22851 Apply Spine Prosthetic Device – UPHELD

20936 Spinal Bone Autograft – UPHELD

69990 Microsurgery Add-On – UPHELD

20974 Electrical Bone Stimulator – UPHELD

62351 Implant Spinal Canal Catheter – UPHELD

99221 Inpatient Hospitalization Stay One Day – UPHELD

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Initial Medical Report, M.D., 03/31/11
- Cervical Spine MRI, Diagnostic, 06/02/11
- Evaluation, M.D., 07/28/11
- Discharge Instructions, Diagnostic, 08/30/11
- Electrodiagnostic Evaluation, Health & Medical, 09/02/11
- Orthopedic Consult, Orthopedics, 09/14/11, 10/04/11, 12/06/11
- Cervical X-Ray, M.D., 09/17/11
- Denial Letters, 09/28/11, 01/11/12
- Cervical Myelogram, Diagnostic, 10/31/11
- Post Myelographic CT of the Cervical Spine, Diagnostic, 10/31/11
- Pre-Authorization Request Form, Dr., 01/06/12
- The ODG Guidelines were not provided by the carrier or the URA.

### **PATIENT CLINICAL HISTORY (SUMMARY):**

The patient was unloading boxes off of a 12 foot tall pallet when a ten pound box struck her on her forehead. At the point of impact, she had extreme pain in her head, neck, and bilateral shoulders. The patient was started on a physical therapy program, which she indicated provided her with very little relief. She underwent diagnostic studies, which included an MRI of the cervical spine and upper extremities electrodiagnostic testing. Later, she was diagnosed with disc derangement with stenosis and cord compression at C5-C6 and C6-C7. Cervical epidural steroid injections (ESIs) were recommended. She did undergo an injection, and had very little relief from it. She continued to experience

severe pain in her neck that radiated to her bilateral upper extremities. An anterior cervical discectomy and fusion at C5-C6 and C6-C7 was recommended.

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

As indicated by the prior Peer Review, this is a complex and confusing clinical presentation as the claimant has left-sided physical examination findings with Dr. noting positive axial compression and Spurling's sign reproducing symptoms in the left upper extremity and positive Lhermitte's and motor strength, left decreased compared to right, decreased sensation left C6-C7 dermatome with mild paraesthesias in the right C6-C7 dermatome. The reflexes were 1+ biceps, triceps, brachioradialis left, and 2+ on the right. The MRI findings noted a disc protrusion/herniation at C5-C6 with cord compression and at C6-C7 with cord compression with the report indicating there was some lateralization to the right of the disc protrusions. The C5-C6 findings noted a left-sided 4 mm protrusion/herniation impacting the left C6 nerve root. The C6-C7 MRI finding was that of bilateral C7 nerve root and foraminal encroachment. The patient did have an electrodiagnostic study performed by a chiropractic physician with the doctor's qualifications for performing electrodiagnostic studies not discussed, and the specifics to have the study performed was not documented leaving in question whether this was a needle electrodiagnostic study or a surface electrodiagnostic study only. Dr. noted the prior Peer Review's recommendation for non-certification with a recommendation by the prior Peer Review for a CT myelogram, which Dr. then ordered. The findings from the 10/31/11 CT myelogram noted anterior thecal impressions at several levels, most prominent at C4-C5 and C5-C6. There was reduced filling of the right C6 and C7 nerve root without noting any left-sided pathology. Dr. indicated the claimant had requested a second opinion, which he encouraged and the remaining medical records provided for review failed to document the findings from that second opinion. At this time, with the MRI findings and the CT myelogram findings not specifically correlating, as one shows left-sided pathology and one shows right-sided pathology, and with the electrodiagnostic study being questionable until documentation of the specifics, I recommend non-certification of the requested C5-C6, C6-C7 surgery in line with the Official Disability Guidelines that indicate in the Neck Chapter that there should be clear clinical evidence correlating with imaging studies and electrodiagnostic studies, which at this time the clinical scenario does not clearly correlate.

**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**