

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 26, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed C5-6 Prodisce-C Artificial disc replacement with a 3 day In-patient stay (22856, 95920, RC111)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

- Upheld (Agree)
- XX Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY [SUMMARY]:

Dr. presents an accurate assessment of this patient's situation. He correlates the patient's subjective complaints with objective radiographic findings, and has tested his thoughts regarding cervical radiculopathy empirically. Specifically, this patient shows a 3-4mm disc protrusion on a cervical MRI dated 5/24/2010, and loss of disc height at C5-C6. He has symptoms of neck, left shoulder, and left arm pain with numbness and tingling of the ring and long finger of the left hand. His physical findings show diminution of deep tendon reflexes and weakness of the left biceps. Conservative care has not been effective to date, which is why this patient has been considered a surgical candidate.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

He has responded very well, on an anticipated temporary basis, to nerve blocks and/or epidural steroid injections. Though symptomatic relief was transient, meaning that these treatments alone would not give this patient adequate long term symptom relief, the fact these injections were so successful on a temporary basis strongly suggested that surgical neural decompression would be likely to give him similarly effective, but longer term, symptomatic relief. Dr. presents arguments of higher potential for "adjacent segment disease", or increased predisposition towards hastening degeneration of neighboring segments, following a spinal fusion. This subject is addressed in the ODG, which neither confirms nor denies this predisposition, stating that "Radiographic changes of degeneration are common after fusion but there have been no prospective controlled studies showing correlation with these changes and development of clinical symptoms." Regarding actual disc prosthesis, ODG states that these are "under study, with recent provision results in the cervical spine." Dr. also presents a strong case regarding the preference for disc replacement vs. fusion for this particular individual. He needs maximal spinal motion in his employment as a and he already has some suggestions of spondylosis at levels both above and below the proposed disc replacement. In my own experience, as well as in that of Dr., this predisposes to a higher likelihood of further problems at those adjacent levels if a fusion is performed; less so with disc prosthesis. It is with this rationale in mind that I recommend the request for disc replacement be approved and the denial be overturned.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES