Notice of Independent Review Decision - WC

DATE OF REVIEW: 06/05/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical Disectomy and Fusion at C5-6 with soft cervical collar

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.

Cervical Disectomy and Fusion at C5-6 with soft cervical collar - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Designated Doctor Evaluation (DDE) with DWC069 and DWC-73 - M.D. - 06/06/11
- Follow Up Reports - M.D. - 01/23/12, 02/14/12, 03/09/12
- CT of C-spine with contrast - M.D. M.D. - 03/01/12
- Lumbar and Cervical Myelogram - M.D. M.D. - 03/01/12
- Pre-Auth Peer Review Report - Indemnity Co. - 04/12/12
- Pre-Auth Reconsideration Report - Indemnity Co. - 05/02/12
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained an injury to his lower back on xx/xx/xx while making cylinder molds while at work. He was diagnosed with a lumbar herniated disc. Records refer to some type of spinal surgery though operative notes were not available for review. The patient was released from care and returned to work without restrictions in May 2011. In January 2012, the claimant was rear-ended by a semi-truck. He was wearing his seat belt and his lumbosacral corset. He was diagnosed with a whiplash injury at the emergency room. Several days later, his lower back started hurting. MRI in February 2012 showed C5-6 intervertebral disk displacement with spinal stenosis and nerve root compression. Lumbar MRI showed intervertebral disk space at L5-S1 and enhancing granulation tissues were noted. Disk material contacted the exiting L5 nerve roots bilaterally. He participated in physical therapy which did not help him. Myelogram showed postoperative changes, insensitive at the L5-S1 level due to large ventral epidural space, slight flaring of the cervical cords with some amputation of the axillary sleeve of the nerve root on the left C5-6 level suggesting a lateral disc herniation or osteophyte impingement. Anterior cervical diskectomy and fusion at C5-6 with fresh frozen irradiated bone bank bone, NanOss BA, and bone marrow aspiration and Vitagel with a K2M Pyrenees cervical plate and screws, with a soft cervical collar, were recommended.

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

As noted in the prior Peer Review that recommended non-certification, the medical records did not document neurological findings on physical examination that would support the requested surgical procedure in line with the Official Disability Guidelines and the medical records provided did not document an adequate course of conservative treatment as it only indicates physical therapy, but it does not indicate the length of therapy, nor is there any indication of epidurals or medication management. Therefore, the claimant does not meet the ODG criteria that indicate there must be evidence of radicular pain and sensory symptoms in a cervical distribution correlating with the imaging studies. Also, the ODG indicates there should be evidence of a motor deficit or reflex change or a positive EMG correlating with the imaging study level; none of which are noted in the medical record. Therefore, I recommend non-certification of the requested anterior cervical decompression and fusion.

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**