

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 03/19/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior cervical re-exploration with removal plate, C5/C6, graft C6/C7, plating from C5 through C7, and two-day length of stay (22551, 22845, 20931, 22855, 99357)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients who have suffered cervical spine trauma

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

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

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who suffered multiple trauma in a xxxxx XX/XX/XX. Apparently the patient was the passenger in a pickup truck who was thrown free when the pickup truck suffered a blowout and rolled. He suffered multiple trauma including a jump facet C5/C6, transverse process fractures L1 through L5, and spinous process fractures T8 through T10. He was initially evaluated in the emergency room of and was transferred to another medical facility. He underwent an anterior cervical discectomy and fusion at the level C5/C6. Subsequently he had persistent pain and symptoms produced by stiffness in the cervical spine. X-rays were obtained, revealing angulation at the level of C6/C7 with worsening in flexion, and instability at C6/C7 was diagnosed. A request to preauthorize anterior cervical re-exploration with removal of plating at C5/C6, grafting of C6/C7 and plating from C5 through C7 was considered and denied; it was reconsidered and denied.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

This patient suffered significant cervical trauma at the level of C5/C6. Specifically he suffered a jump facet and a pedicle fracture on the right side at the level of C5. The surgical procedure performed was C5/C6 discectomy and fusion with plating. Subsequently flexion x-rays revealed angulation at the level of C6/C7 which was worsened by flexion, suggesting significant

ligamentous disruption at that level. The requested surgical procedure would be insufficient to correct the potential significant instability of the level of C6/C7. The prior denial to preauthorize this specific surgical procedure was appropriate and should be upheld.

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

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-Agency for Healthcare Research & Quality Guidelines.
- DWC-Division of Workers' Compensation Policies or Guidelines.
- European Guidelines for Management of Chronic Low Back Pain.
- Interqual Criteria.
- Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.

- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)