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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 02/28/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

ACDF/AISF at C4-C5, C6-C7 with a one day inpatient length of stay

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Spinal 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.

ACDF/AISF at C4-C5, C6-C7 with a one day inpatient length of stay - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Cervical MRI dated 12/22/10 and interpreted by
Cervical spine x-rays dated 02/22/11 and interpreted by

EMG/NCV study dated 04/11/11 with
Evaluations with dated 08/08/11, 09/15/11, and 10/19/11
Procedure notes from dated 09/02/11 and 10/07/11
Preauthorization requests from dated 09/24/11 and 11/02/11
Physical medicine preauthorization request dated 10/12/11 from an unknown provider (the signature was illegible)
An evaluation with an unknown provider (no name or signature was provided) dated 12/12/11
Evaluation with dated 12/20/11
MRI scan review dated 12/21/11 from
Presurgical consultation and behavioral assessment dated 01/13/12 with
Notifications of Determination from dated 01/30/12 and 02/10/12
Undated preauthorization request from
Undated surgery checklist
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

An MRI of the cervical spine on 12/22/10 revealed degenerative change and a left paracentral disc herniation at C4-C5 with mild central canal stenosis. At C5-C6, there was degenerative change and a right paracentral disc herniation with severe spinal canal stenosis and at C6-C7, there was degenerative change and a small central disc herniation without stenosis. It was noted all of these findings had progressed since the last study. It was also noted lesser degenerative changes were seen elsewhere without additional disc herniation, which progressed mildly. Cervical x-rays dated 02/22/11 revealed degenerative changes in the lower cervical spine, according to. performed an EMG/NCV study on 04/11/11. It revealed a mild right C5-C6 radiculopathy. A Toradol injection was provided and he was referred for a surgical consultation. examined the patient on 08/08/11. It was noted the surgeon, wanted to try conservative treatment, but did not rule out surgery. Deep tendon reflexes were 2+ and his gait was normal. Toe and heel walking were normal. Cervical range of motion was painful with paresthesias in the C5 and C6 dermatomes. He had a mildly weakened grip on the left side. The assessments were cervical pain, cervical radiculitis, and severe cervical herniated nucleus pulposus with central canal stenosis. A C5-C6 epidural steroid injection (ESI) was recommended. ESIs were performed at C5-C6 by on 09/02/11 and 10/07/11. On 10/19/11, the patient reported 50 to 60% improvement in his pain following the ESIs. He requested another. Examination was essentially unchanged, except that his cervical tenderness and range of motion were improved. A bilateral C4-C5 ESI was recommended. initially evaluated the patient on 12/20/11. The EMG/NCV study, MRI, and cervical x-rays were reviewed. He now complained of cervicogenic headaches along with neck pain. Cervical range of motion was limited and compression testing and Spurling's to the right were positive. He had paresthesias on the right at C5, C6, and C7. recommended anterior cervical decompression discectomy and instrumented arthrodesis at C4-C5, C5-C6, and C6-C7. and evaluated the patient on 01/13/12. The BDI score was 19, which

was within the moderate to severe range and the BAI score was 17, which was within the low range. It was felt the patient was psychologically stable to undergo and would benefit from the recommended surgery. On 01/30/12, on behalf of provided an adverse determination for the requested cervical surgery. On 02/10/12, also on behalf of provided another adverse determination for the requested ACDF/AISF at C4-C5, C6-C7 with a one day length of stay.

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

This claimant did not have significant multilevel symptoms based on the diagnostic studies and physical examinations. There is a great discrepancy between the descriptions of the physical symptoms from one provider to the next. The cervical MRI does not demonstrate severe findings at C4-C5 or C6-C7 that would warrant surgical intervention. The EMG/NCV study only revealed radiculopathy on the right at C5-C6, which was mild. Despite adequate treatment, the patient has a very poor psychological profile based on his 01/13/12 psychological evaluation and fusion surgery is not indicated, according to the ODG. Therefore, the requested ACDF/AISF at C4-C5, C6-C7 with a one day length of inpatient stay is not reasonable or necessary and the previous adverse determinations should be upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE AND KNOWLEDGE BASE
- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES

X 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**