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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/30/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Anterior Cervical discectomy and fusion at C6-C7

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgeon
Spine surgeon, practicing neurosurgeon

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines
Notification of determination 03/23/12
Reconsideration determination appeal request anterior cervical discectomy and fusion C6-7 04/11/12
Letter of medical necessity and office notes Dr. 03/28/12, 03/13/12, 02/29/12, 01/17/12, and 10/27/09
Office notes Dr. 09/14/09-03/13/12
Office notes Dr. dated 01/26/11 and 02/23/12
Preauthorization request form 03/14/12
Notice of medical necessity 10/28/09
Preauthorization request 10/26/09
Benefit dispute agreement 03/18/10
Office visit note Dr. 11/05/09
Procedure note C6-7 cervical epidural steroid injection 10/15/09 and 09/03/09
Preauthorization request 02/22/11
Preauthorization request form 02/10/11
Electrodiagnostic interpretation 01/15/10
Upper EMG/NCV 02/01/10
MRI cervical spine 03/17/09

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male whose date of injury is xx/xx/xx. The mechanism of injury is described as the claimant was hit in neck by pipe 2 ½ inches across lower jaw and on the left side. He complains of neck pain, radiating bilateral shoulder pain and arm pain. He was treated with epidural steroid injections. MRI of cervical spine dated 03/17/09 reported posterior central, paracentral disc protrusion measuring 3.7 mm with thecal sac impingement extending posterolaterally on right with right neural canal narrowing at C6-7. There is posterior central disc protrusion measuring 2.7 mm with thecal sac

impingement at C2-3, C3-4 and C4-5. Electrodiagnostic testing on 01/15/10 reported evidence of acute right C6-7 cervical radiculopathy with evidence of mild right median mononeuropathy at level of wrist (carpal tunnel syndrome). Upper EMG/NCV performed on 02/01/10 revealed indication of mild acute irritability in bilateral C6 and left C7 motor roots with decreased left C7 reflex. There is mild slowing across median nerve latencies, right greater than left consistent with carpal tunnel compression.

Per notification of determination dated 03/23/12, the request for ACDF C6-7 was determined as not medically necessary. It was noted that office notes dated 02/23/12 reflect the claimant complains of neck pain with radiating shoulder and arm pain. He has had epidural steroid injection in the past. Physical examination revealed positive Spurling test on rotation bilaterally. MRI revealed herniated disc at C6-7 impinging the right-sided nerve root. It was noted that physical examination on 02/23/12 revealed normal biceps and triceps reflexes in both upper extremities and normal strength in all muscles tested in the upper extremities including the biceps and triceps. There was no cervical MRI provided for review. The request does not meet guidelines criteria, with no objective evidence of radiculopathy. The request was non-certified.

A reconsideration/appeal request was reviewed on 04/11/12 and the request for anterior cervical discectomy and fusion at C6-7 was again non-certified. The reviewer noted that the previous determination was non-certified due to lack of evidence of radiculopathy and no cervical MRI provided. As per report dated 02/23/12 the claimant complains of neck pain that radiates towards the shoulder and arm. On examination, Spurling's test was positive bilaterally. Lhermitte's sign was negative. Motor strength and deep tendon reflexes were intact. There was decreased sensation over the C6-7 dermatomal distribution on the right. However more recent diagnostic imaging with analysis was not provided to document the current status of the spine and exclude other possible pain generators.

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

This man was injured on xx/xx/xx when he was hit across the lower jaw on the left side by a pipe. He has had epidural steroid injections, but these were performed in 2009. There is no evidence of recent conservative care including physical therapy, activity modification, epidural steroid injections, or other conservative measures. MRI of the cervical spine is over three years old, with no more recent imaging study submitted for review. On examination the claimant had no motor or reflex deficits. There was some decreased sensation over C6 and C7 dermatomes on right. Spurling's was reported as positive on rotation bilaterally. Lhermitte's sign was negative. Noting there is no evidence of recent conservative treatment, and no current imaging studies, with MRI greater than 3 years old, the ODG criteria has not been satisfied. The reviewer finds that medical necessity is not established at this time for anterior Cervical discectomy and fusion at C6-C7.

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

[ ] ACOEM-AMERICA 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

[X] 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)