

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/27/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior Cervical Disc Replacement at C5/6 with a decompression

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

Neurosurgery

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 medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Physical therapy notes 11/18/10-07/17/12
Muscle range of motion
Manual muscle testing and range of motion report 05/09/12
Laboratory report 05/11/12
Clinical notes Dr. 01/06/11-07/17/12
Electrodiagnostic studies 01/11/12
CT myelogram cervical spine 03/01/12
Procedure note 04/27/12
Required medical examination 06/14/12
Prior reviews 06/22/12 and 07/13/12
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx when he was involved in a motor vehicle accident. The patient initially presented with complaints of left shoulder, chest, neck, and head pain. The patient was assessed with a neck sprain/strain injury. The patient was initially seen by a chiropractor for four sessions and electrodiagnostic studies from 2009 were stated to be normal. The patient is status post lumbar epidural steroid injections in 2009 and was released to full duty in April of 2010. The patient began seeing Dr. in 2010 for increased neck and shoulder pain, and electrodiagnostic studies from 01/11/12 revealed evidence consistent with a C8-T1 radiculopathy in the bilateral upper extremities. CT myelogram of the cervical spine on 03/01/12 revealed a large central disc protrusion at C5-6 superimposed on

mild spondylosis narrowing the central canal to 7mm. The surface of ventral cord was barely contacted, and there was no significant foraminal stenosis identified. The patient underwent physical therapy through July of 2012. Medications included Hydrocodone and Meloxicam, drug screens were negative for any controlled substances. The patient's physical examination on the RME completed in June of 2012 revealed negative Spurling's and mildly reduced but symmetrical reflexes in upper extremity. No gross motor or sensory deficits were noted on the exam. Clinical evaluation with Dr. on 07/12/12 stated the patient had some improvements from the most recent epidural steroid injection completed on 04/27/12. The patient continued to report constant neck pain 3/10 on VAS scale. Physical examination revealed loss of range of motion in cervical spine with positive Lhermitte's sign. No pathological reflexes were present and no significant neurologic findings were present. Orthopedic report dated 07/17/12 addressed the patient's recent treatment. No physical examination was submitted for review.

The request for artificial disc replacement at C5-6 with decompression was denied by utilization review on 06/22/12 as physical examination findings did not correlate with C5-6 and no significant pathology consistent with myelopathy that would support the request.

The request for total disc arthroplasty C5-6 was again denied by utilization review on 07/13/12 due to lack of correlation and imaging studies.

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

Based on the clinical information provided and current evidence based guideline recommendations for disc arthroplasty, the requested total disc arthroplasty at C5-6 would not be recommended as medically necessary. The clinical documentation does not establish correlation between patient's symptoms and provided imaging studies. Although there is disc pathology at C5-6 there is no evidence of significant neural foraminal stenosis or cord impingement, and there is no evidence consistent with myelopathy at C5-6. The patient's physical examination findings are not specific to C5-6 and electrodiagnostic studies submitted for review also do not identify nerve root irritation stemming from C5-6 level. Given absence of any clear indications of myelopathy on MRI report and no other severe focal neurologic deficits, the patient would not meet guideline recommendations for use of total disc arthroplasty in cervical spine. As such, medical necessity is not established.

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