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Notice of Independent Review Decision

DATE OF REVIEW: 1/25/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the concurrent medical necessity of C6-7 ACDF with 1 day LOS.

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

The reviewer is a Medical Doctor who is 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)

The reviewer disagrees with the previous adverse determination regarding the concurrent medical necessity of C6-7 ACDF with 1 day LOS.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The was injured while pulling. He experienced a painful pop in the neck and had this persist, along with pain radiating into the right arm. There is associated right arm weakness and numbness, most recently noted on 10/1/12. Exam findings include a positive Spurling's, "no change" to the 4+/5 right triceps strength previously noted, and, 4/5 right interosseous strength. Treatment has included physical therapy, medications and selective nerve root block. Cervical MRI dated 4/23/12 revealed a large right-sided disc protrusion with mild cord compression and right C7 nerve root compression. Treatment has included medications, therapy and epidural steroid injection, along with restricted activities. Denial letters denoted a

lack of correlation between the clinical findings and the MRI, along with the lack of recent trial and failure of comprehensive non-operative treatment.

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

Recommend approval of requested services. There are persistent subjective and objective findings that correlate with the cervical MRI that reveals nerve root/cord compression at C6-

7. Comprehensive non-operative treatments have been tried and failed. ODG criteria have been fully met. Therefore the requests are medically reasonable and necessary at this time.

Reference: ODG Anterior cervical fusion indications

Recommended as an option in combination with anterior cervical discectomy for approved indications, although current evidence is conflicting about the benefit of fusion in general. (See [Discectomy/laminectomy/laminoplasty](#))..Cervical fusion may demonstrate good results in appropriately chosen patients with cervical spondylosis and axial neck pain. ([Wieser, 2007](#))

ODG hospital length of stay (LOS) guidelines:

Cervical Fusion, Anterior (81.02 -- Other cervical fusion, anterior technique)

Actual data -- median 1 day; mean 2.2 days (± 0.1); Best practice target -- 1 day

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 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 JUDGEMENT, 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)