



Notice of Independent Review Decision - WC

IRO REVIEWER REPORT – WC

DATE OF REVIEW: 01/16/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

C4-C5 and C5-C6 Anterior Cervical Discectomy and Fusion
1 Day Inpatient Stay

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

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)

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.

C4-C5 and C5-C6 Anterior Cervical Discectomy and Fusion – UPHELD
1 Day Inpatient Stay – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Cervical Spine MRI, 05/31/11
- Clinic Note, 06/28/12
- Cervical Spine MRI, 07/18/12
- Evaluation, 08/09/12, 10/04/12
- Operative Report, 09/07/12

- Cervical Myelogram, 09/04/12
- Cervical Spine CT, 09/04/12
- Pre-Certification, 10/09/12
- Notice of Denial of Pre-Authorization, 10/12/12
- Correspondence 10/24/12
- Appeal Pre-Certification, 11/08/12
- Notice of Reconsideration, 11/13/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured on xx/xx/xx while lifting. She had the sudden onset of neck pain and bilateral radiating shoulder and arm pain, especially on the right side. There was no previous history of cervical spine or shoulder problems. A right shoulder arthroscopic surgery was performed in March of 2012. The patient continued to have neck pain and radicular pain, particularly down the right arm, with numbness, dysesthesias, and a feeling of weakness in both arms, mainly on the right side. The patient has undergone several diagnostic tests including MRI, Myelogram, CT and electrodiagnostic studies. She has had treatment that includes surgery, cervical steroid injections, and physical therapy. She had been taking Neurontin and Norco with minimal relief and had not been able to return to work. Due to the claimant's lack of response with conservative treatment, and her chronic mechanical cervical pain, it was recommended that surgery be done at C4-5 and C5-C6 levels, which would be done anteriorly with decompression of the cord and roots and interbody fusion with an anterior plate.

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

As noted in the prior Peer Review and Peer Review on reconsideration, the medical records did not document dermatomal or radicular symptomatology or objective evidence of cervical radiculopathy respective to the C4-C5 and C5-C6 levels, and the imaging evidence with the MRI scan and CT myelogram did not document nerve compression or cord compression or myelopathic changes to support the requested surgical procedure of the ACDF at C4-C5 and C5-C6. The medical records provided for review did contain a response to the first recommendation for non-certification stating the patient had severe posttraumatic disc pathology with myeloradiculopathy with chronic mechanical cervical neck pain, and the patient had neurologic deficit from two-level disease. The medical records provided in total did not document a neurological deficit corresponding to C4-C5 and/or C5-C6 and did not document specific subjective complaints of radicular pain in a dermatome equating to C4-C5 and/or C5-C6. The physical examination findings noted an absent right biceps reflex which does not correlate to C4-C5 and C5-C6 with generalized loss of strength particularly grip finger spread and triceps, again not corresponding to C4-C5 and/or C5-C6. Sensory findings noted a decrease in the C8 dermatome. Therefore, at this time the medical records do not document subjective complaints nor objective findings correlating with C4-C5 and C5-C6, and the current imaging studies do not document nerve compression or cord compression or myelopathic changes that would support the requested surgery. Therefore, I am in agreement with the prior Peer Review recommendations for non-certification of the C4-C5 and C5-C6 ACDF and one day inpatient stay.

**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**