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Notice of Independent Review Decision

DATE OF REVIEW: MARCH 5, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The medical necessity of the proposed Anterior Cervical Discectomy and fusion at the C5-6 and C6-7 levels (63081)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.0	63081		Prosp	1			5.10.2011	C1470654	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee reportedly sustained injuries to the neck, low back, and right shoulder region on XXXXX. The described mechanism of injury was being struck and knocked down by a heavy fence door. Ms. has been diagnosed with lumbar spinal canal stenosis, herniated discs in the cervical spine and a left shoulder labral tear. Treatment to date has included a left shoulder arthroscopy with a labral repair and subacromial decompression that was accomplished on March 13, 2012. A lumbar spine surgery was also accomplished on October 17, 2012, consisting of a lumbar laminectomy and foraminotomy at the L4 and L5 levels bilaterally. An MRI study of the cervical spine has reportedly been accomplished and per the treating provider documented findings of a herniated disc at the C5 and C6 levels. The actual report was not included in the medical records presented to be reviewed. The medical records support that conservative treatment has been attempted for the cervical spine consisting of physical therapy and reportedly a cervical epidural steroid injection. There was no procedure note supporting the cervical epidural steroid injection being accomplished, but there was documentation of a lumbar epidural steroid injection being performed on December 7, 2011, prior to the back surgery. The most recent objective physical examination findings from January 8, 2013, document decreased strength with manual muscle testing of the wrist flexors and wrist extensors. Paresthesias were noted in the forearms and there was a positive axial compression test on physical examination findings.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines, there must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test.

There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level. Note: Despite what the Washington State Guidelines say, OGD recommends that EMG is optional if there is other evidence of motor deficit or reflex changes. EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to

identify other etiologies of symptoms such as metabolic (diabetes/thyroid) or peripheral pathology (such as carpal tunnel). For more information, see EMG.

An abnormal imaging (CT/myelogram and/or MRI) study must show positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings. If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic.

Etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures.

There must be evidence that the patient has received and failed at least a six to eight week trial of conservative care.

Fusion, anterior cervical: 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.) Evidence is also conflicting as to whether autograft or allograft is preferable and/or what specific benefits are provided with fixation devices. Many patients have been found to have excellent outcomes while undergoing simple discectomy alone (for one- to two-level procedures), and have also been found to go on to develop spontaneous fusion after an anterior discectomy. (Bertalanffy, 1988) (Savolainen, 1998) (Donaldson, 2002) (Rosenorn, 1983) Cervical fusion for degenerative disease resulting in axial neck pain and no radiculopathy remains controversial and conservative therapy remains the choice if there is no evidence of instability.

Based on the provided medical records, the injured employee has had an MRI study of the cervical spine (8.30.11) which documented a disc protrusion at the C5-C6 and C6-C7 level per the treating provider. No recent study. Proceeding with a cervical fusion at the C5-C7 level would only be supported if there were objective physical examination findings of a cervical radiculopathy consisting of loss of strength in a specific myotomal region, loss of sensation in a specific dermatomal region, muscular atrophy, and loss of deep tendon reflexes (biceps and brachioradialis). The physical examination findings must be corroborated by imaging studies.

The current physical examination findings do support some evidence of cervical radicular symptoms, but only at the C6-C7 level without any loss of reflexes or muscular atrophy. There is also no clear cut determination as to the loss of sensation to a specific dermatomal region with the forearms listed. It is uncertain if this involves the volar aspect, dorsal aspect, radial, or ulnar aspect of the forearms. There is also no significant instability of the cervical spine documented to necessitate a fusion as opposed to a decompression as discussed in the previous non-certifications of the requested two-level cervical fusion. With the old MRI study of the cervical spine and the lack of information on the use cervical epidural steroid injection, I am unable to confirm at this point that lower levels of care have been exhausted. All of the above factors result in upholding the previous non-certification for a cervical fusion at the C5-C6 and the C6-C7 levels at this time.

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES