



Notice of Independent Review Decision – WC – Amended Decision

IRO REVIEWER REPORT – WC

DATE OF REVIEW:

05/08/13

DATE OF AMENDED REVIEW:

05/16/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior Cervical Discectomy and fusion at C5-C7 (63081, 63082, 22554, 22845, 20660, 20938, 76001)

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

Board Certified in Neurological 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.

Anterior Cervical Discectomy and fusion at C5-C7 (63081, 63082, 22554, 22845, 20660, 20938, 76001) – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Cervical Spine MRI, 08/18/10, 01/21/13
- Evaluations, 05/06/11, 05/13/11, 05/27/11, 06/10/11, 07/01/11, 07/08/11, 12/16/11, 04/20/12, 11/09/12, 01/04/13, 01/25/13, 02/15/13, 03/22/13
- Denial Letters, 01/31/13, 03/12/13

PATIENT CLINICAL HISTORY [SUMMARY]:

This is the case of a patient who sustained an injury on xx/xx/xx. He had cervical and back pain and was apparently seen. Studies were done of the cervical area, and the patient was then seen by a neurosurgeon.

noted that the patient had an injury on xx/xx/xx with neck and low back pain, more on the right side, with some right hand numbness with difficulty sleeping. Unfortunately, the neurologic examinations are somewhat inadequate; stating mainly the patients complaints and not what the objective clinical findings are.

The patient was seen on multiple occasions who wanted to do epidural steroid injections (ESIs) for the neck and the back at times; however, none of those have been recorded as being performed, nor were there notes of any results.

There was also no recognition of any other conservative treatment measures, though some mild medications were given.

Studies showed minimal annular bulges in the cervical area of 1 to 2 mm were noted at multiple levels. I have not seen the actual imaging studies, however, so I have to rely on the reports present.

Tramadol and naproxen were continued.

On two preauthorization occasions, did not approve the surgical intervention on this patient.

Basically, the notes were inadequate. They never mention objective physical findings to any degree. The notes were basically computerized, except for the initial history and some of the complaints.

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

have clearly documented the medical literature, both the Official Disability Guidelines and Washington State Guidelines, for which the non-certification was decided. After reviewing the records, I do agree with the rationale for the original denials based on ODG criteria recommendations prior to cervical surgery having not been met at this time. The records simply do not reflect completion of required conservative care, nor do they provide objective neurological findings to substantiate the surgery. In short, I believe that the surgery recommended is not medically indicated at this time, based out guideline recommendations.

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

- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**