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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Dec/09/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: OP anterior cervical discectomy fusion w/instrumentation @ C6-7

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified 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 medical necessity exists for each health care service in dispute. It is this reviewer's opinion that medical necessity for OP anterior cervical discectomy fusion w/instrumentation @ C6-7 in this case is not established

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who sustained an injury on xx/xx/xx. The patient has been followed for a long history of chronic neck and upper extremity pain that had failed prior physical therapy, epidural steroid injections, the use of a TENS unit, and individual psychotherapy. The patient failed a spinal cord stimulator trial attempted in June of 2012. Ultimately, the patient was recommended for an anterior cervical discectomy and fusion from C4-7. Prior electrodiagnostic studies from 2013 were negative for evidence of cervical radiculopathy. The most recent MRI report of the cervical spine from 04/02/14 noted mild diffuse disc bulging at C5-6 and C6-7 without evidence of canal stenosis at either level. No nerve root involvement at C6-7 was identified. An updated CT myelogram study of the cervical spine from 09/02/14 noted mild extradural defects throughout the cervical spine at multiple levels from C3 to C7 without evidence of canal stenosis and normal nerve root visualization. There was some very mild narrowing of the right C3-4 neural foramen. No nerve root involvement at any level was identified. The patient was followed for complaints of pain posterior in the cervical region radiating to the shoulders and bilateral upper extremities with associated weakness. The patient described electrical shock type symptoms with a range of motion. The report did note psychological clearance had been granted. The patient's physical exam at this evaluation noted atrophy to the right thenar eminence with absent triceps as well as brachioradialis reflexes to the right. There was decrease in sensation in a C6 distribution bilaterally with tenderness to palpation over the C6-7 spinous processes. No motor weakness was evident in the upper extremities. There was a positive Hoffman's sign noted. The report then indicated there was flexion and extension weakness at the elbows bilaterally. went over the patient's imaging which was felt to show moderate impression of the thecal sac at C6-7 on MRI studies from 2013. The recommendation for anterior cervical discectomy and fusion at C6-7 was denied on 09/22/14 due to the lack of imaging findings to support the surgical request. The request was again denied on 11/10/14 due to the lack of evidence of instability, myelopathy, or radiculopathy to

warrant surgical intervention.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: Based on the review of the clinical documentation submitted, there is insufficient evidence to support a single-level anterior cervical discectomy and fusion at C6-7 as medically necessary. Although the patient does present with recent objective findings concerning for potential radiculopathy and/or myelopathy in the upper extremities, this has not been corroborated by recent imaging studies. The most recent CT myelogram study of the cervical spine specifically ruled out any nerve root involvement or evidence of significant canal stenosis at C6-7. Previous imaging studies showed mild disc bulging at C6-7 only without evidence of altered signal within the cervical cord. No other updated imaging was provided for review showing any particular nerve root involvement or evidence of severe stenosis at the C6-7 level that would support surgical interventions as requested. Per guidelines, there should be correlating findings between the physical exam and imaging to support surgical intervention. As this is not evident in the clinical records provided for review, it is this reviewer's opinion that medical necessity for OP anterior cervical discectomy fusion w/instrumentation @ C6-7 in this case is not established and prior denials are upheld.

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

ACOEM-AMERICA 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)