

IRO Express Inc.

An Independent Review Organization

2131 N. Collins, #433409

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Aug/07/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior Cervical Discectomy and Fusion @ C4/5 for Kyphotic Correction

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

Board Certified Neurosurgeon

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx. The patient is noted to have undergone a prior anterior cervical discectomy and fusion at C5-6 and at C6-7 on 12/02/13. The patient described a fall on the date of injury and the initial CT studies of the cervical spine from 01/22/14 showed a non-displaced fracture in the left lateral mass of the C1 vertebral body with an intact cervical fusion from C5 to C7. No abnormal trauma on CT studies of the head was noted. The patient was initially treated with muscle relaxers and analgesics for pain as well as Fioricet for headaches. CT studies of the cervical spine from 02/17/14 noted no significant adjacent level pathology at C4-5. There was a 2-3mm anterolisthesis measured without evidence of hardware complications. The foramina at C4-5 were patent on this study. The patient is noted to have attended an extensive amount of physical therapy through July of 2014. Radiographs of the cervical spine from 04/29/14 noted less distinct margins between the interbody grafts and the adjacent vertebral body suggesting incorporation of the implants. No evidence for hardware loosening at the anterior plate was identified. There were repeat radiographs of the cervical spine from 05/22/14 noting a minimal amount of anterolisthesis of C4 on C5. There was no evidence of instability on flexion or extension views. No evidence of hardware complications at C5-6 or C6-7 was noted. The clinical report on 05/22/14 felt that there was a kyphotic angulation at C4-5 with interspinous widening that required an anterior cervical discectomy and fusion at C4-5. There is an undated evaluation which reported pain radiating into the groin with lateral movements suggesting a possible hip injury. Recommendations were for MRI studies of the hip at this evaluation. The appeal letter again felt that there was interspinous widening at C4-5 which would require fusion to address the kyphotic deformity.

The requested anterior cervical discectomy and fusion at C4-5 was denied by utilization review on 06/02/14 as there was no recent physical examination findings for the patient or evidence on imaging indicating change with flexion and extension positioning.

The request was again denied by utilization review on 07/17/14 as there was no evidence of instability at C4-5 to support the proposed procedures.

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

The patient is status post 2 level cervical fusion from C5 to C7 performed prior to the date of injury. After the reported fall in xx/xxxx, the patient is noted to have sustained a fracture at C1. Serial radiographs of the cervical spine did show incorporation of the fusion graft from C5 to C7. The most recent radiographs of the cervical spine from 05/22/14 did note a minimal anterolisthesis at C4-5 without evidence of instability on flexion or extension views. Although felt that there was evidence of interspinous widening at C4-5 suggesting a kyphotic deformity, this was not confirmed by independent radiograph studies of the cervical spine. Given the absence of any evidence regarding cervical instability at C4-5, it is this reviewer's opinion that medical necessity for the adjacent level cervical fusion at C4-5 is not medically necessary. Therefore, the prior denials are upheld.

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