

# P-IRO Inc.

An Independent Review Organization  
1301 E. Debbie Ln. Ste. 102 #203  
Mansfield, TX 76063  
Phone: (817) 405-0855  
Fax: (214) 276-1787  
Email: resolutions.manager@p-iro.com

## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Jul/23/2014

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient right cervical foraminal decompression C4/5, C6/7, exploration of fusion C6/7, posterior fusion C4/5 possibly C6/7, lateral mass instrumentation and purchase of bone growth stimulator and cervical collar

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

Board Certified Neurosurgery

### 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.**

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Peer review dated 01/25/10

MRI of the cervical spine dated 12/14/09

Clinical report dated 01/11/10

Operative report dated 01/26/10

Clinical report dated 03/04/14

CT of the cervical spine dated 04/17/14

Clinical report dated 04/22/14

Electrodiagnostic studies dated 04/29/14

Clinical report dated 05/27/14

Prospective IRO review response dated 07/07/14

Prior utilization review reports dated 05/06/14 & 06/16/14

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. The patient has had multiple prior cervical procedures performed in 2002 and in 2010. The patient underwent a C5-6 anterior cervical discectomy with partial corpectomy at C5-6 followed by an anterior interbody fusion and cervical plating on 01/26/10. There is a gap in the patient's clinical treatment with the patient not being seen again until 03/04/14 when he was seen. Per the report, the patient presented with complaints of neck pain radiating to the upper extremities bilaterally. The

patient reported approximately 2 years of relief from symptoms following the last cervical fusion in 2010 before a recurrence of symptoms. The patient reported long standing paresthesia in the left index finger. The patient reported that his neck symptoms were exacerbated with any extension or rotation. No frank weakness was described in the upper extremities. Physical examination noted limited range of motion in the cervical spine. There was no weakness noted in the upper extremities on strength testing. Sensory exam was within normal limits. No abnormal reflexes were reported. Radiographs were stated to show a healed C5-6 anterior cervical fusion. No abnormal motion on flexion or extension views was noted. was unable to comment on the status of the C6-7 fusion. CT myelogram and electrodiagnostic studies were recommended. The patient did undergo CT myelogram studies of the cervical spine on 04/17/14. Per the study, there was noted facet arthritis at C4-5 to the right that was severe in nature with high grade foraminal stenosis noted with under filling of the right C5 nerve root sleeve. There was a possible 1mm posterior disc protrusion without evidence of cord contact. At C5-6, there was a prior anterior interbody fusion with instrumentation. Substantial osseous ridging across the anterior intervertebral disc space was noted. No evidence of hardware loosening was seen. At C6-7, there was substantial osseous bridging across the anterior intervertebral disc space with mild posterior spondylosis noted lateralizing to the left side with a 2-3mm disc bulge. There was contact without indentation of the cervical cord. There was noted spurring and osseous foraminal stenosis present slightly worse to the right side than the left with mild under filling of the right C5 nerve root suspected. Follow up on 04/22/14 stated that the patient's symptoms were most likely emanating from the C6-7 foramen due to C7 nerve root compromise. The patient's shoulder pain was also suspected to be extending from the C4-5 level due to facet arthritis. indicated that the patient had no improvement with epidural steroid injections. The recommendation was for exploration of the fusion construct at C6-7 with re-fusion if required as well as decompression to the right at the C6-7 foramen as well as extension of the fusion to the C4-5 level. Electrodiagnostic studies completed on 04/29/14 reported an acute right C7 nerve root irritation. However, this study was performed by a chiropractor and not a board certified neurologist. Follow up on 05/27/14 noted persistent numbness, weakness, and tingling in the upper extremities. There was tenderness in the cervical paraspinal musculature. There was a noted loss of left biceps strength. Decreased sensation was present in a C7 distribution as well as decreased sensation in the radial forearm, thumb, and index finger.

The proposed procedures to include right cervical foraminal decompression at C4-5 and C6-7 with exploration of fusion at C6-7, posterior fusion at C4-5, possibly at C6-7 with lateral mass instrumentation and purchase of a bone growth stimulator and cervical collar were denied by utilization review on 05/06/14 as the patient's symptoms were poorly characterized and neurological assessment from March of 2014 was non-focal. No instability was documented on CT myelogram studies.

The request was again denied by utilization review on 06/16/14 as the imaging study noted a healed fusion from C5 to C7 and physical examination findings were insufficient in supporting radicular symptoms.

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

The patient is status post two level anterior cervical discectomy and fusion at C5-6 and C6-7. The patient's most recent imaging noted facet arthritis at C4-5 to the right that was severe in nature with high grade foraminal stenosis noted with under filling of the right C5 nerve root sleeve. There was a possible 1mm posterior disc protrusion without evidence of cord contact. At C5-6, there was a prior anterior interbody fusion with instrumentation. Substantial osseous ridging across the anterior intervertebral disc space was noted. No evidence of hardware loosening was seen. At C6-7, there was substantial osseous bridging across the anterior intervertebral disc space with mild posterior spondylosis noted lateralizing to the left side with a 2-3mm disc bulge. There was contact without indentation of the cervical cord. There was noted spurring and osseous foraminal stenosis present slightly worse to the right side than the left with mild under filling of the right C5 nerve root suspected. The patient did have EMG studies completed on 04/29/14; however, this study is irrelevant as it was completed by a chiropractor. The clinical reports reported ongoing persistent numbness,

weakness, and tingling in the upper extremities. The claimant's physical exam findings were notable for noted loss of left biceps strength. Decreased sensation was present in a C7 distribution as well as decreased sensation in the radial forearm, thumb, and index finger. The claimant was recommended for right cervical foraminal decompression at C4-5 and C6-7 with exploration of fusion at C6-7, posterior fusion at C4-5, possibly at C6-7 with lateral mass instrumentation. However, the claimant's physical exam findings do not correlate specifically with the levels intended for surgery. The CT myelogram findings also do not identify any specific focal lesion or impingement of the nerve roots and do not establish evidence of a non-union that would require further exploration or revision fusion procedures. Given the insufficient findings on physical exam or by imaging to support the requested procedures, it is this reviewer's opinion that medical necessity is not established and the prior denials are upheld. Given that the surgical request for the patient is not indicated as medically necessary, it is also this reviewer's opinion that the post-operative requests for a bone growth stimulator and cervical collar are not medically necessary.

**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)