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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/12/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: C5-7 ACDF (anterior cervical discectomy & fusion) surgery with 2-day inpatient stay with intraoperative monitoring

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Orthopedic Surgery

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[ ] Upheld (Agree)
[X] 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 <u>each</u> health care service in dispute. It is this reviewer's opinion that medical necessity for C5-7 ACDF (anterior cervical discectomy & fusion) surgery with 2-day inpatient stay with intraoperative monitoring is established

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who sustained an injury on xx/xx/xx when he fell developing complaints of neck pain with numbness in the right finger. Conservative treatment to date has included multiple medications to include anti-inflammatories, muscle relaxers, steroids, and Norco for pain relief. The patient did attend physical therapy. With physical therapy, the patient did report some improvements with the cervical spine. Despite the use of anti-inflammatories, physical therapy, or the use of oral steroids, the patient continued to describe neck pain as well as balance difficulties and difficulty with tandem gait. MRI studies of the cervical spine from 09/09/13 did note end plate spurring and disc osteophytosis with a left posterior paracentral disc protrusion and osteophyte complex measuring 4mm impinging the left ventral cord without evidence of signal abnormality. At C6-7, there were similar findings contributing to severe left and mild right foraminal stenosis. Moderate foraminal stenosis at C5-6 was noted.

CT myelogram studies of the cervical spine completed on 04/09/14 noted moderate spondylitic disease at C5-6 with a 4mm disc protrusion contributing to moderate/severe spinal canal stenosis with near complete effacement of the CSF with local mass effect on the left ventral aspect of the spinal cord. The canal measured 6-7mm at this level and there was moderate left worse than right foraminal stenosis. At C6-7, there was a disc osteophyte complex contributing to left foraminal stenosis and possible nerve root impingement. Updated MRI studies of the cervical spine from 05/02/14 again noted cord deformity at C5-6 due to a disc osteophyte complex with moderate to severe left and mild to moderate right foraminal stenosis. At C6-7, there was a disc protrusion without cord contact with severe left foraminal stenosis present. The patient had been followed for continuing complaints of neck pain with numbness in the right upper extremity. Based on the patient's physical examination findings, the patient had progressive ataxia noted through 05/09/14. At the 05/09/14 evaluation, the patient had a mild positive Hoffman's sign to the left. The patient had difficulty

standing as well as difficulty with tandem gait. The recommendation was for an anterior cervical discectomy and fusion at C5-6 and at C6-7 at this visit. The patient was seen for a psychological evaluation on 05/23/14. No contraindications for surgery were noted.

The requested C5-6 and C6-7 anterior cervical discectomy and fusion with a 2 day inpatient stay and intraoperative neuromonitoring was denied by utilization review on 06/13/14 as there was minimal evidence of pathology at C6-7.

The request was again denied by utilization review on 07/11/14 as there was no evidence for instability to support the surgical request.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient presents with objective findings consistent with progressive myelopathy in the lower extremities secondary to cord impingement and foraminal stenosis primarily at C5-6. There is evidence of left sided foraminal stenosis severe in nature at C6-7 also reasonably contributing to the patient's continuing radicular symptoms in the right upper extremity. Given the patient's progressive gait ataxia with a positive Hoffman's sign, there is objective evidence consistent with cervical myelopathy. The patient has not improved with conservative treatment to date which would include physical therapy and multiple medications. Given the progressive evidence of cervical myelopathy in this case, it is highly unlikely that the patient would improve with further conservative treatment. From the literature, there is support for surgical intervention to address cervical myelopathy over continuing non-operative treatment. In order to prevent any permanent nerve injury from occurring, the proposed surgical procedures at C5-6 and C6-7 would be recommended as medically necessary. As the surgical request for this patient is indicated as medically necessary, a 2 day inpatient stay would be reasonable and within guideline recommendations to follow the patient postoperatively for any complications such as neurological compromise or infection. Also, given the high risk factors for iatrogenic nerve injury due to the position of the C5-6 disc protrusion on the cervical cord and the 2 level procedure requested, intraoperative neuromonitoring would be indicated to prevent any iatrogenic nerve injury from occurring during the surgical procedures to decompress the cervical cord and nerve structures at C5-6 and C6-7. This would be consistent with guideline recommendations and medically appropriate. As the clinical documentation submitted for review does meet guideline recommendations regarding the proposed services including an inpatient stay and intraoperative neuromonitoring, it is this reviewer's opinion that medical necessity for C5-7 ACDF (anterior cervical discectomy & fusion) surgery with 2-day inpatient stay with intraoperative monitoring is established and the prior denials are overturned.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)