Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 14, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed C6-7 Exploration and revision of fusion, C7-T1 Anterior/Posterior Fusion for the Cervical Spine (22551, 22552, 22651, 22845, 20931, 22600, 22614, 63045, 63048, 22842, 22880, 22852, 22855, 22830)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedics and Orthopedic Surgery and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

XX Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
723.1	22551		Prosp	1			Xx/xx/xx	800100215961	Upheld
723.1	22552		Prosp	1			Xx/xx/xx	800100215961	Upheld
723.1	22651		Prosp	1			Xx/xx/xx	800100215961	Upheld
723.1	22845		Prosp	1			Xx/xx/xx	800100215961	Upheld
723.1	20931		Prosp	1			Xx/xx/xx	800100215961	Upheld
723.1	22600		Prosp	1			Xx/xx/xx	800100215961	Upheld
723.1	22614		Prosp	1			Xx/xx/xx	800100215961	Upheld
723.1	63045		Prosp	1			Xx/xx/xx	800100215961	Upheld
723.1	63048		Prosp	1			Xx/xx/xx	800100215961	Upheld
723.1	22842		Prosp	1			Xx/xx/xx	800100215961	Upheld
723.1	22880		Prosp	1			Xx/xx/xx	800100215961	Upheld

723.1	22852		Prosp	1			Xx/xx/xx	800100215961	Upheld
723.1	22855		Prosp	1			Xx/xx/xx	800100215961	Upheld
723.1	22830		Prosp	1			Xx/xx/xx	800100215961	Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient had a work injury in xx/xxxx as a x with injury to the neck and shoulder while lifting. The patient had documentation of an anterior cervical disc fusion at C5-6 and C6-7 with instrumentation anteriorly. The records are relatively sparse in the interval from 2001 until approx 2014. There was a CT scan completed in 2/19/2014 of the cervical spine showing postop changes with fusion at C5-6 and what appeared to be an incomplete fusion at C6-7.

The patient was initially evaluated on 10.14.2014. The patient was noted to have a neck discomfort with progression of discomfort. Also, physical activity was increasing his neck pain. The patient was noted to not have any bowel or bladder control problems. The patient was retied as a firefighter because of cardic issues.

Medications on the initial presentation were that of Trazodone, Plavix, Aspirin, Enalapril and Coreg.

continued to follow the patient periodically and ordered a subsequent milligrams CT scan.

On 11.14.2014, the myleogram CT Scan was completed to show degenerative disk disorder at C7-T1 without other significant findings. There is no comment or mention of any pseudoarthrosis at C6-7 nor any nerve root entrapement.

The patient had the electrodiagnostic study preformed on 5.29.2015 which showed chronic left C5-6 radiculopathy, but no acute radiculopathy at any level and no mention of any C7 of T1 result. The EMG was totally normal except for polyphasics which are chronic changes, but no positive sharp waves or fibrillations reported.

The patient had two pre-certifications preformed with bpth of these denied for the proposed procedure.

Please note that on 4.24.2015 the patient had a behavioral medicine evaluation. Of interest, he states that the patient rarely takes pain medication. However, the evaluation on 7.15.2015 indicated the patient was taking Hydrocodone five times a day. This is very inconsistent between the different examiners. There was also no physical exam or neurological exam provided on most of his office visits.

The myelogram CT scan did not show on 11.06.2014 any nerve root entrapment of spinal cord pressure. The electrodiagostic study does not show abnormality at the levels that are going to have the proposed surgery.

The clinical exam is inadequate to document the current neurological per his own evaluation.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

Tthe proposed surgical intervention at C6-7 with exploration revision and then an anterior posterior fusion at C7-T1 is <u>not approved</u> as a medical necessity by these records or the ODG as

there is no defined neurological deficit that needs this type of surgery, nor is there any spine instability.

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

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- XX 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)