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An Independent Review Organization

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Date of Notice: 12/10/2014

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Revision Anterior Cervical Discectomy and Fusion C6-7, Total C5/6 Disk Replacement with 1 day Inpatient Stay

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)

Patient Clinical History (Summary)

The patient is a male who reported an injury to his cervical region. The utilization reviews dated 09/25/14 & 10/30/14 resulted in denials as insufficient information had been submitted regarding the need for a disc replacement surgery. Additionally, no information has been submitted in peer reviewed literature supporting a hybrid procedure that has been proposed. The clinical note dated 07/06/11 indicates the patient complaining of cervical region pain. There is an indication the patient had undergone a surgical procedure at the left shoulder. The patient stated the reduction in pain following the surgical intervention was allowing a return to more appropriate sleep hygiene. The operative note dated 02/15/11 indicates the patient having undergone an anterior discectomy and fusion at C6-7. The clinical note dated 07/22/14 indicates the patient presenting with cervical region pain that was rated as 7/10. The patient also reported right upper extremity numbness, tingling, and weakness. Upon exam, severe tenderness was identified upon palpation at the posterior cervical region. The patient also demonstrated range of motion limitations with both flexion and extension as a result of an increase in pain. Reflex deficits were identified at the left brachial radialis and absent on the right. The clinical note dated 09/10/14 indicates the patient being recommended for a hybrid surgery including an ACDF at C6-7 as well as a disc replacement at C5-6. The clinical note dated 10/21/14 indicates the patient continuing with 9/10 pain in the cervical region along with numbness, tingling, and weakness in the upper extremities. There was also an indication the patient has absent reflexes of the right brachial radialis as well as reflex deficits on the left. There is a notation regarding the use of a catheter secondary to neurogenic bladder.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The documentation indicates the patient complaining of ongoing cervical region pain along with reflex deficits identified in the upper extremities despite a previous surgical intervention. Currently, no high quality studies exist supporting the proposed hybrid surgery to include an ACDF at C6-7 and a disc replacement at C5-6. Without supporting evidence regarding the safety and efficacy of the use of the hybrid procedure, this request is not indicated as 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 and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)