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## Notice of Independent Review Decision

**DATE NOTICE SENT TO ALL PARTIES:** 12/30/14

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of a three day inpatient anterior cervical discectomy, fusion, and instrumentation at levels C3/4, and C5/6.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

### **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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of a three day inpatient anterior cervical discectomy, fusion, and instrumentation at levels C3/4, and C5/6.

A copy of the ODG was not provided by the Carrier or URA for this review.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a male who sustained a work related injury on xx/xx/xx. Contusion to upper back, and neck were reported. Non-operative treatments have been tried and failed. Electrodiagnostics of the upper extremities dated 05/30/14 reported a normal study. Based on MRI findings dated 03/06/14 (which also noted a protrusion-herniation at C5-6), there was a consideration for an ACDF at C3-4 level. A repeat cervical MRI from 09/25/14 demonstrated stenosis

at C3-C4 at this level consistent with cord edema or myelomalacia; borderline narrowing at the C5-C6 and was otherwise unremarkable. An anterior cervical decompression with laminectomy and fusion of C3-C7 levels was considered. Diminished sensation was noted on 10/2/14, with intact strength. Recently, on 11/04/14, the claimant was seen who recommended an anterior cervical discectomy of C3-4 and C5-6 with fusion and instrumentation. Medications have included Gabapentin, Amitriptyline and Ibuprofen. On 11/20/14 there was left arm motor weakness, decreased C5-C7 left upper extremity sensation and decreased knee and ankle jerks. Denial letters noted a lack of clinical radiculopathy and/or instability at all levels considered or that all pain generators have been identified and treated. There was a noted lack of physical therapy, home exercise program, nonsteroidal anti-inflammatory meds, muscle relaxants, or response to an epidural steroid injection, and lack of a psychosocial screen.

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

The provided documentation did overall evidence objective findings of radiculopathy/myelopathy at both the levels considered for surgical intervention. In addition, evidence of a reasonable less invasive treatment protocol trial and failure has been submitted. Psychosocial issues are not evident. Therefore, the referenced guidelines have now been met in full at this time. As there are two disc levels, 3 overnights for vital sign assessment and pain management are also reasonable. Therefore, the procedure is medically reasonable and necessary.

ODG Neck Chapter Criteria for Cervical Fusion – Recommended Indications:

- (1) Acute traumatic spinal injury (fracture or dislocation) resulting in cervical spinal instability.
- (2) Osteomyelitis (bone infection) resulting in vertebral body destruction.
- (3) Primary or metastatic bone tumor resulting in fracture instability or spinal cord compression.
- (4) Cervical nerve root compression verified by diagnostic imaging (i.e., MRI or CT myelogram) and resulting in severe pain OR profound weakness of the extremities.
- (5) Spondylotic myelopathy based on clinical signs and/or symptoms (Clumsiness of hands, urinary urgency, new-onset bowel or bladder incontinence, frequent falls, hyperreflexia, Hoffmann sign, increased tone or spasticity, loss of thenar or hypothenar eminence, gait abnormality or pathologic Babinski sign) and Diagnostic imaging (i.e., MRI or CT myelogram) demonstrating spinal cord compression.

(6) Spondylotic radiculopathy or nontraumatic instability with All of the following criteria:

(a) Significant symptoms that correlate with physical exam findings AND radiologist-interpreted imaging reports.

(b) Persistent or progressive radicular pain or weakness secondary to nerve root compression or moderate to severe neck pain, despite 8 weeks conservative therapy with at least 2 of the following:

- Active pain management with pharmacotherapy that addresses neuropathic pain and other pain sources (e.g., an NSAID, muscle relaxant or tricyclic antidepressant);
- Medical management with oral steroids, facet or epidural injections;
- Physical therapy, documented participation in a formal, active physical therapy program as directed by a physiatrist or physical therapist, may include a home exercise program and activity modification, as appropriate.

(c) Clinically significant function limitation, resulting in inability or significantly decreased ability to perform normal, daily activities of work or at-home duties.

(d) Diagnostic imaging (i.e., MRI or CT myelogram) demonstrates cervical nerve root compression, or Diagnostic imaging by x-ray demonstrates Instability by flexion and extension x-rays; Sagittal plane translation >3mm; OR Sagittal plane translation >20% of vertebral body width; OR Relative sagittal plane angulation >11 degrees.

(e) Not recommend repeat surgery at the same level.

(f) Tobacco cessation: Because of the high risk of pseudoarthrosis, a smoker anticipating a spinal fusion should adhere to a tobacco-cessation program that results in abstinence from tobacco for at least six weeks prior to surgery.

(g) Number of levels: When requesting authorization for cervical fusion of multiple levels, each level is subject to the criteria above. Fewer levels are preferred to limit strain on the unfused segments. If there is multi-level degeneration, prefer limiting to no more than three levels. With one level, there is approximately an 80% chance of benefit, for a two-level fusion it drops to around 60%, and for a three-level fusion to around 50%. But not fusing additional levels meeting the criteria, risks having to do future operations.

(h) The decision on technique (e.g., autograft versus allograft, instrumentation) should be left to the surgeon.

**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
- 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)