



**Notice of Independent Review Decision - WC**

**IRO REVIEWER REPORT – WC**

**DATE OF REVIEW:** 10/06/15

**IRO CASE #:**

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

C4-C5, C5-C6 anterior cervical discectomy and fusion, single level discectomy and arthrodesis, each additional level discectomy and arthrodesis, interbody cage x 2, one to two level plating, fluoroscopy, neuromonitoring and BMA, inpatient 2 days, Labs CBC, Basement, Lipid, Compmet, EKG, UA and PT, DME Cyber spine cervical collar, orthofix bone stimulator cervical and DVT, assistant surgeon.

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

Board Certified Orthopaedic Surgery

**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 or not medical necessity exists for each of the health care services in dispute:**

- C4-C5, C5-C6 anterior cervical discectomy and fusion single level discectomy and arthrodesis, each additional level discectomy and arthrodesis, interbody cage x 2, one to two level plating, fluoroscopy – Upheld
- Neuromonitoring and BMA – Upheld
- Inpatient 2 days – Upheld
- Labs CBC, Basement, Lipid, Compmet – Upheld
- EKG - Upheld

- UA – Upheld
- PT - Upheld
- DME Cyber spine cervical collar – Upheld
- Orthofix bone stimulator cervical and DVT – Upheld
- xxxxxx - Upheld

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient, a xxxxx injured worker, was hit on the head on the date of injury. Currently, there are complaints of axial pain and nonfocal neurologic examination. There are no radicular complaints or findings in the cervical spine.

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

While there are notations that the patient is tender to palpation in the posterior mid to lower cervical spine this is not an indication for surgery. On some notations there is diffuse weakness in both upper and lower extremities both proximally and distally that is grade at 4+/5, without specific findings. Other exams are normal. There are no recent exams that demonstrate subjective or objective deficits. The ODG recommends surgery when there is evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling’s test (not seen) and there should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level (not seen). Therefore the surgery is neither reasonable nor necessary.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**