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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior cervical Laminectomy Discectomy bone bank graft fusion and plate C3-6

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

The Reviewer is Board Certified in the area of Neurological Surgery with over 16 years of experience.

REVIEW OUTCOME:

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

Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male with a date of injury of XX/XX/XX. He was X and after lifting and pulling, he developed neck pain radiating to the shoulders. The claimant is currently diagnosed with cervical stenosis.

XX/XX/XX: MRI Cervical spine. **Impression:** Disc degenerative changes and disc bulges at C3-4 through C5-6 as described above is distal with _____ degrees of central canal stenosis and lateral narrowing.

XX/XX/XX: MRI of the lumbar spine W/O contrast. **Impression:** 1. Multilevel degenerative disc disease involving the lumbar spine with multilevel central canal stenosis, of greatest severity at L3-L4 with grade 1 retrolisthesis and a broad-based posterior protrusion demonstrating inferior subligamentous extension as detailed above. Foraminal extension of the protrusion causes anatomic impingement upon bilateral exiting L3 nerve roots. 2. Moderate degenerative central canal stenosis at L4-L5 with lateral recess stenosis and bilateral exiting L4 nerve root anatomic impingement with foraminal extension of a broad-based posterior protrusion. 3. Mild to moderate central canal stenosis at L1-L2 with rightward lateralizing protrusion and anatomic impingement upon the traversing right L2 nerves within the right lateral recess. Mild central canal stenosis at L2-L3 without anatomic impingement upon the exiting L2 nerve roots. 4. Left foraminal protrusion at L5-S1 with anatomic impingement upon exiting left L5 nerve root but no central canal stenosis. 5. No lumbar vertebral body compression fracture deformity or additional spondylolisthesis.

XX/XX/XX: X-ray of lumbar spine AP LAT Flex EXT. **Impression:** Multiple views of the lumbar spine were obtained including flexion-extension. 5 non-rib-bearing lumbar type vertebrae. There is mild retrolisthesis at L2-L3, L3-L4, L4-L5. Multilevel endplate degenerative changes worst at L2-3 and L3-4. No abnormal motion between flexion

and extension. No compression fractures or aggressive bony lesions.

XX/XX/XX: Progress note. Neck pain, bilateral upper extremity pain worse on the left with decreased reflexes in the left upper extremity. There is notable 4/5 strength in the biceps on the left side and numbness on the left side in the C5-C6 distribution. He has decreased reflexes in the left upper extremity when compared to the right.

XX/XX/XX: Office visit. Claimant has pain with bilateral lateral rotation. Positive Spurling on the left, with right lateral rotation. Negative Hoffman's. Cervical paraspinals and trapezius spasms noted. Right upper extremity strength is 5/5. Left upper extremity strength wrist extension and elbow flexion is 4/5. Decreased reflex in the left C5 brachioradialis distribution. Current Medications: Lyrica and hydrocodone, Zanaflex 4mg.

XX/XX/XX: MRI lumbar spine W/O Contrast. **Impression:** Spondylosis, postoperative changes and multiple disk herniations. There is multilevel spinal canal and foraminal stenosis.

XX/XX/XX: Office visit. Medications: Cyclobenzaprine, Ibuprofen.

XX/XX/XX: Office visit. Claimant reported difficulty sleeping because of the pain. He has had numbness on the thumb, index and third digit on both hands but more on the left than on the right. He had PT for four weeks without relief. ESI injections were requested but denied. He balance has been okay. He has had occasional headaches associated with it and he has had left hand weakness. **Medications:** Norco 10-235, Lyrica 100mg, Metformin HCl 500mg, Tizanidine 4mg.

XX/XX/XX: UR. Rationale for denial: The patient is a male with a date of injury on XX/XX/XX. The mechanism of injury was due to X. XX/XX/XX an MRI of the cervical spine state that at C3-4, there was disc space disc desiccation changes with a posterior disc bulge causing impingement on the thecal sac. There was mild to moderate spinal stenosis and mild bilateral foraminal narrowing and lateral narrowing at that level. At C4-5, there was also disc desiccation changes, a disc bulge posteriorly, causing indentation on the thecal sac. There was moderate canal stenosis; bilateral foraminal narrowing and moderate left lateral recess narrowing. There was mild right lateral recess narrowing. At C5-6, there was disc de_____ with a posterior disc bulge, causing impingement on the thecal sac. There was mild canal stenosis and mild left carpal tunnel syndrome and left C5 radiculopathy. Claimant had PT for 4 weeks without relief and ESI have been requested but non-certified. On behalf of XXXXXXX, the services described are not medically necessary or appropriate.

XX/XX/XX: UR. Rationale for denial: The patient is a male with a XX/XX/XX date of injury. He was X and after lifting and pulling, he developed neck pain radiating to the shoulders. The patient is currently diagnosed with cervical stenosis. On behalf of XX, we decided that the services or treatments described are not medically necessary or appropriate.

XX/XX/XX: Office visit. Claimant continued to have pain postoperatively. It has improved slightly, but it persists enough that he has difficulty walking any distance, and he has numbness on his legs on occasion. He has numbness bilaterally, generally, the left knee and the left medial calf and occasionally the right knee. He has not had weakness. He had one ESI on XX/XX/XX, prior to the surgery, which did not provide relief and PT has not provided relief. His MEGs were performed, one on X/X/XXXX that demonstrated L4 greater than L5 left radiculopathy. XX/XX/XX, he had a repeat EMG which showed mild motor sensory neuropathy and right S1 radiculopathy. His post-op MIR demonstrates a degree of decompression at L3-4 and L4-5 on the left, but persistent stenosis.

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

The previous determination has been overturned. I disagree with the denial of the anterior cervical discectomy fusion and plating at the C3/4, C4/5 and C5/6. The patient has motor, sensory and reflex symptoms that localize consistent with the disc bulges and foraminal stenosis noted on the Cervical MRI that would be addressed by the

proposed surgery. The patient has failed conservative therapy and surgery is the next reasonable option. The finding of left carpal tunnel syndrome on EMG doesn't explain the totality of the patient's upper extremity symptoms or findings. Therefore, the request for Anterior cervical Laminectomy Discectomy bone bank graft fusion and plate C3-6 is certified.

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)**