

Applied Resolutions LLC

An Independent Review Organization

Phone Number:
(817) 405-3524

900 N Walnut Creek Suite 100 PMB 290
Mansfield, TX 76063

Email: appliedresolutions@irosolutions.com

Fax Number:
(817) 385-9609

Notice of Independent Review Decision

Case Number:

Date of Notice: 03/16/2016

Review Outcome:

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

Neurosurgery

Description of the service or services in dispute:

Cervical Discectomy with Fusion
Length of Stay 2 days

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 on XX/XX/XX. The patient was seen on XX/XX/XX, he underwent x-rays of the left shoulder and cervical spine which identified mild osteoarthritis of the left AC joint and degenerative disc disease with spondylosis at C4-5, C5-6, and C6-7 with encroachment into the neural foramina by uncovertebral spurring at C5-6 and C6-7 bilaterally. He also had degenerative facet joint disease at C4-5 with encroachment of facet spur into the neural foramina on the right. After undergoing an initial of the cervical spine on XX/XX/XX which again noted the degenerative disc disease in the cervical region, the patient completed approximately 8 sessions of occupational therapy as of XX/XX/XX.

When he was seen again on XX/XX/XX, he underwent an additional MRI of the cervical spine. At the time, the patient had a history of bilateral upper extremity paresthesia with the impression again of severe degenerative changes. There was mild degenerative changes at C2-3, degenerative changes at C3-4 associated with posterior bone spurring and no posterior disc herniation compromising the spinal cord. He had moderate to severe right foraminal stenosis and moderate left neural foraminal stenosis as well. At C4-5, the patient again had degenerative changes associated with moderate disc space narrowing but no posterior disc herniation. He had mild posterior spurring with moderate right neural foraminal stenosis and severe left neural foraminal stenosis. At C5-6, the patient had degenerative changes associated with moderate to severe disc space narrowing and posterior spurring indenting on the thecal sac. He also had mild relative narrowing of the left paracentral canal with moderate to severe bilateral neural foraminal stenosis seen. Lastly, at C6-7 was degenerative changes associated with severe disc space narrowing and posterior spurring noted asymmetric to the left side with mild to moderate left paracentral spinal canal stenosis. He also had moderate stenosis of the right neural foramen and severe stenosis of the left neural foramen.

The patient was seen most recently on XX/XX/XX, identifying the patient's mechanism of injury as he was tearing down the wrecking system when a pallet fell off of the rack, landing on the back of his head and forcing him to the ground onto his hands and knees. He rolled over onto his back, indicating he had neck and

left shoulder pain. He initially treated himself with Epsom salts and aspirin and subsequently was diagnosed with left shoulder strain and underwent physical therapy for the left shoulder times 12 sessions with no improvement. He was seen by pain management and underwent injections to the cervical spine with worsening of his bilateral hand numbness. He stated that he dropped objects and was unable to perform mechanical work because he was unable to manipulate tools because he was unable to feel how much pressure he was using with his hands. He reported turning his head and feeling popping and felt radiation of sharp pain to the right shoulder blade down his left arm to the fingers.

On the patient's physical examination the patient had 5/5 strength throughout with the exception of left shoulder abduction which was downgraded to a 4/5. On his neurologic examination, he had a wide based irregular gait with decreased pinprick sensation to the bilateral medial upper extremities and temperature to the bilateral medial upper extremities. Reflexes were graded as 3/4 in the right biceps, triceps and brachial radialis, compared to the left at 1/4. The patient was identified as a 1 pack per day smoker and was diagnosed with cervical spondylosis and degeneration of the cervical intervertebral disc with neck sprain and thoracic back sprain. The physician stated the patient had failed to improve with medications, physical therapy and injections and was recommending the patient undergo anterior cervical discectomy with interbody fusion and instrumentation at the C3-7 levels. The prior determination indicated that there was no failure of recent conservative care, including physical therapy, addressing the cervical spine. In addition, smoking cessation had been discussed and the provider was unaware if the patient had attempted to quit smoking or if he had been counseled on smoking cessation. It was determined that the patient had a core compression and therefore physical therapy would not be indicated.

However, there was no record of the patient having undergone smoking cessation through the invasive fusion procedure. The case description notes from XX/XX/XX, XX/XX/XX and XX/XX/XX noted that the patient had been aware that surgery had been canceled. In addition, there was further information that the surgery had been denied due to the patient's smoking history with the physician having been advised to notify the patient and have him return to his primary care physician to be placed in a smoking cessation program. The physician was advised that one the patient had stopped smoking for at least 4 weeks, whereupon nicotine level labs had been obtained, then the physician could reapply for the surgery authorization.

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

According to the Official Disability Guidelines, due to tobacco increasing the risk of pseudarthrosis, a smoker is to adhere to a tobacco cessation program resulting in abstinence from tobacco for at least 6 weeks prior to surgery. There were no additional records identifying that the patient had been compliant with the prior recommendation to cease from smoking in order to improve his recovery potential were he to undergo the requested surgical procedure. By not having clinical documentation identifying that the patient had been compliant with the smoking cessation, he is not considered a suitable candidate for undergoing the requested cervical discectomy with fusion at this time. Furthermore, it was noted that the physician had requested 3 levels of fusion to be performed. The MRI of the cervical spine dated XX/XX/XX not identify any cord compression at C3-4 to warrant a surgery at this level. The patient had moderate to severe right neural foraminal stenosis but there was no specification of nerve root compromise related to this level. Furthermore, at C4-5 the patient again had posterior disc herniation with only mild posterior spurring identified. He did have moderate right neural foraminal stenosis and severe left neural foraminal stenosis but no reference to spinal cord or nerve root compromise. Without meeting the appropriate criteria for undergoing the cervical fusion at each specified level, the requested surgery cannot be warranted. As such, the cervical discectomy with fusion is non-certified.

Regarding the length of stay, the Official Disability Guidelines only allot 1 day of inpatient stay for those patients who have been authorized a cervical discectomy and fusion. The current request is considered excessive at 2 days, and as the patient has likewise not been authorized for the primary surgical procedure, the ancillary request for length of stay 2 days is not medically necessary and non-certified.

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)