

Magnolia Reviews of Texas, LLC

PO Box 348 Melissa, TX 75454 Phone 972-837-1209 Fax 972-692-6837

06/04/2018 AND 06/15/2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Posterior cervical fusion at C3–C9 w 3 day inpatient stay

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

Board Certified in Neurosurgery.

REVIEW OUTCOME:

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

Upheld (Agree)

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]:

This case involves a now XXXX with history of occupational claim from XXXX. The mechanism of injury is detailed as XXXX with a XXXX when XXXX suddenly felt popping sensation on XXXX neck and right shoulder followed by numbness of the right shoulder. Treatment included a right shoulder SLAP repair and biceps tenodesis, possible rotator cuff repair on XXXX and 24 postoperative physical therapy sessions as well as right shoulder arthroscopy, subacromial decompression, rotator cuff repair, biceps tenodesis on XXXX with 18 sessions of postop physical therapy, cervical ESI on 044 2018, physical therapy and medication. MRI of the cervical spine found mild central canal stenosis at C4-5 through C6-7. C7-T1 had disc desiccation and bilateral facet arthropathy. As of XXXX the patient complained of constant neck pain radiating to the right shoulder, right arm and the wrist. The patient also complained of headaches, numbness and tingling. The patient stated pain was a 7/10. The patient was recommended medial branch block for C3-4, C4-5, C5-6 and C6-7 on the right.

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

The Official Disability Guidelines state posterior cervical fusion is under study. A posterior fusion and stabilization procedure is often used to treat cervical instability secondary to traumatic injury, rheumatoid arthritis, ankylosing spondylitis, neoplastic disease, infections, and previous laminectomy, and in cases where there has been insufficient anterior stabilization. The documentation provided for review indicates MRI found moderate to severe cervical spinal stenosis both in the central canal and neuroforamina at multiple levels however there is no documentation of current objective physical examination findings that were neurologic in nature to support a posterior cervical decompression from C3 through C9 with a 3 day inpatient stay. Therefore, the request remains non-certified as medical necessity and appropriateness has not been established. The previous determination is upheld.

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

- **MILLIMAN CARE GUIDELINES**
22nd edition. Cervical Fusion, Posterior RRG. RRG: S-330-RRG (ISC)
- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
Neck & Upper Back, Fusion, posterior cervical;