ReviewTex. Inc.
1818 Mountjoy Drive
San Antonio, TX 78232
(phone) 210-598-9381 (fax) 210-598-9382
reviewtex@hotmail.com

Notice of Independent Review Decision

Date notice sent to all parties:

March 19, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

APPEAL one (1) day inpatient (IP) length of stay (LOS) following anterior cervical discectomy and fusion (ACDF) C4/5, C5/6 and C6/7

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

[X] 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]:

This patient is a male with complaints of neck pain. On 01/27/14, he was seen in clinic and stated he was involved in a motor vehicle collision. He was the driver of the vehicle wearing a seatbelt when in motion he was rear-ended. On exam, reflexes were 1/4 in the bilateral biceps otherwise 2/4. Sensation was intact to the bilateral upper extremities. Strength in the bilateral upper extremities was rated at 5/5. On 03/04/14, an MRI of the cervical spine revealed interval development of a tiny central disc protrusion at C4-5 without focal cord deformation. There was signal loss in the C6 vertebral body to the left of midline and at C5-6 osteophytic ridging and uncovertebral joint hypertrophic changes were noted with mild canal

and right lateral recess impingement. There was a posterolateral disc osteophyte complex to the left, impinging on the lateral recess on the left. On 01/16/15, the patient was seen in clinic and complained of chronic pain. On exam strength in the bilateral upper extremities was rated at 5/5 throughout. Reflexes were 1/4 in the bilateral biceps otherwise 2/4. Sensation was intact. A C4-5, C5-6, and C6-7 ACDF was indicated at that time. On 03/02/15, the patient returned to clinic with continued complaints of neck pain. He had normal strength throughout the upper extremities, and had normal sensation to the upper extremities. Reflexes were rated at 1/4 to the biceps bilaterally otherwise 2/4. It was noted an ACDF at C4-5, C5-6, and C6-7 had been requested but denied by the peer reviewer. It was noted there were only indications for a C6-7 anterior cervical discectomy and fusion.

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

On 01/23/15, a utilization review determination stated that as the surgical intervention had not been certified, there is no indication for a 1 day inpatient length of stay. On 02/20/15, a utilization review appeal determination also stated that since the surgical intervention had not been certified, there is no indication for a 1 day length of stay.

On 03/04/14, an MRI of the cervical spine revealed interval development of a tiny central disc protrusion at C4-5 without focal cord deformation. There was signal loss in the C6 vertebral body to the left of midline and at C5-6 osteophytic ridging and uncovertebral joint hypertrophic changes were noted with mild canal and right lateral recess impingement. There was a posterolateral disc osteophyte complex to the left, impinging on the lateral recess on the left. On 01/16/15, the patient was seen in clinic and complained of chronic pain. On exam strength in the bilateral upper extremities was rated at 5/5 throughout. Reflexes were 1/4 in the bilateral biceps otherwise 2/4. Sensation was intact. A C4-5, C5-6, and C6-7 ACDF was indicated at that time. On 03/02/15, the patient returned to clinic with continued complaints of neck pain. He had normal strength throughout the upper extremities, and had normal sensation to the upper extremities. Reflexes were rated at 1/4 to the biceps and triceps bilaterally otherwise 2/4. The biceps reflexes and brachioradialis reflexes are mediated by the C5 and C6 nerve roots. The MRI of 04/11/14 documented signal loss in the C6 vertebral body to the left of midline, not expansile in nature. At C5-6, there was osteophytic ridging and uncovertebral joint hypertrophic change, with mild canal and right lateral recess impingement. At C4-5, there was a central disc protrusion without focal cord deformation. At C6-7, there was a posterolateral disc osteophyte complex to the left, impinging on the lateral recess on the left. The CT of the cervical spine, dated 10/08/14, noted a central disc protrusion at C4-5 without focal cord deformation. At C5-6, there was osteophytic ridging and uncovertebral joint hypertrophic change, with mild canal and right lateral recess impingement. AT C6-7, there was a posterolateral disc osteophyte complex to the left, impinging on the lateral recess and neural foramen on the left, with moderately severe foraminal stenosis.

The records document that when the patient was seen on 01/16/15, sensation was intact, motor strength was 5/5 throughout, and reflexes were ¼ at the bilateral biceps, and 2/4 at the triceps and brachioradialis. Thus, the patient has progressive neurological deficits. There is no indication on physical exam or imaging of myelopathy. This request is for a 3 level ACDF, C4-5, C5-6, and C6-7. It is the opinion of this reviewer that the request for 3 level ACDF, C4-5, C5-6, and C6-7 is medically necessary; there is also a need for 1 day inpatient stay after the procedure; the prior denials are overturned.

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

☐ **X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☐ **X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**