

September 6, 2002

Re: Medical Dispute Resolution  
MDR #: M2-02-0781-01  
IRO Certificate No.: I RO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Certified in Orthopedics.

**The physician reviewer AGREES with the determination of the insurance carrier. The reviewer is of the opinion that a CERVICAL DISCOGRAM WITH CT SCAN AT C3-4 AND C6-7 is not medically necessary in this case.**

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by \_\_\_ is deemed to be a Commission decision and order.

#### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **ten (10)** days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **twenty (20)** days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5)** days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

**A copy of this decision should be attached to the request.** The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

**I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 6th day of September 2002.**

Sincerely,

### **MEDICAL CASE REVIEW**

This is for \_\_\_\_\_. I have reviewed the medical information forwarded to me concerning MDR #M2-02-0781-01, in the area of Orthopedics. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Letter of appeal from \_\_\_\_\_.
2. Insurance denial.
3. RME done by \_\_\_\_\_.
4. Progress notes from \_\_\_\_\_ and his P.A.
5. Cervical myelogram and CT done June 11, 2001, which showed a healed interbody fusion at C4-5-6, with ventral defects above and below the levels of fusion including a small disk protrusion at C6-7 and a small disk protrusion at C3-4.
6. CAT scan of the cervical spine done April 12, 2001, which showed the fusion solid and showed the left facet joint articular surfaces are not precisely congruent and 1.0 mm central protrusions at C3-4 and C6-7.
7. EMG done January 26, 2001, on the patient which showed no radiculopathy, and the examiner stated the findings would not explain the symptoms.

B. BRIEF CLINICAL HISTORY:

On July 28, 1998, the patient underwent an HNP excision and resection of posterior longitudinal ligament with a spinal cord decompression and foraminotomies of C5-6, with C-6 nerve root decompression, and anterior cervical interbody fusion using iliac crest bone. Plates and locking screws were also put in.

The patient had the prior mentioned studies during the course of her treatment and she did not do well. In \_\_\_ notes, he points out that she has had some psychological problems.

Throughout the progress notes and examinations, the patient is repeatedly referred to as neurologically sound.

C. DISPUTED SERVICES:

Cervical diskogram with CAT scan.

D. DECISION:

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE THAT THE TREATMENT RECOMMENDED IN THIS CASE IS NOT MEDICALLY NECESSARY.

E. RATIONALE OR BASIS FOR DECISION:

There is equivocality in regards to cervical diskograms as far as their usefulness and accuracy. Also, the patient has had one procedure, and the chances that a second would help her are remote. The patient also has a history of psychological problems which is a poor prognosticator.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

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Date: 31 August 2002