

August 15, 2002

Re: Medical Dispute Resolution  
MDR #: M2-02-0782-01  
IRO Certificate No.: IRO 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 below, 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 who is Board Certified in Neurology and Pain Management.

THE PHYSICIAN REVIEWER OF YOUR CASE **DISAGREES** WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE. REVIEWER HAS DETERMINED THAT OBTAINING AN UPDATED CERVICAL CT SCAN IS 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 August 15, 2002

Sincerely,

**MEDICAL CASE REVIEW**

This is for \_\_\_\_\_. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0782-01, in the area of Neurology and Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Medical Dispute Resolution form.
2. Medical records from \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.
3. Imaging study reports including cerebral myelogram and CT scan, as well as MRI of the brain and cervical spine.

B. BRIEF CLINICAL HISTORY:

Review of the records provided to me indicates the claimant sustained her on-the-job injury on \_\_\_\_\_ and is currently symptomatic with bilateral cervical radiculopathy and multi-level cervical disk disease which has not responded to conservative therapy so far. Surgery is now being contemplated for more definitive treatment, and an updated imaging study of the cervical spine has been requested and is currently in dispute.

C. DISPUTED SERVICES:

Request for updated cervical CT scan with reconstruction.

D. DECISION:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

The argument being used for denial of this service is that surgery is not being authorized for this patient to begin with. I believe that the decision for surgery may, in part, be dependent on the current anatomical situation in the cervical spine, and this can only be addressed through an imaging study. It certainly appears that the patient is symptomatic, both from a pain standpoint, as well as from neurological symptoms and signs indicative of radiculopathy, and this may certainly be addressed surgically if the imaging correlates with the symptoms.

It should be noted that the scan should be performed only if surgical intervention is deemed possible at all. Of course, if this is "out of the question" from a Worker's Comp standpoint, then proceeding with the study may be futile.

Upon review of the records, I certainly do feel that there is a legitimate question as to whether the spondylosis seen in the cervical spine is in any way related to her work-related injury, especially since there was at least a moderate level of spondylosis noted on an MRI that was done just a month or so after her injury (with the presumption that spondylotic change such as hypertrophic spurring, etc., would be a slow and gradual process over time). However, the records do indicate an opinion somewhere along the line that the patient's cervical spine symptoms and findings were deemed as part of the work-related injury. Therefore, if this is a compensable area of injury and of symptoms, then an updated imaging study would be appropriate as a prelude to possible surgical treatment of this patient. I believe the option of surgery cannot be entirely ruled out since the patient does appear to continue to be suffering, and there certainly are some opinions from neurosurgeons that surgery would be a reasonable option for this patient.

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.

Date: 9 August 2002