

August 28, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0819-01SS
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 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 Neurological Surgery.

The physician reviewer AGREES with the determination made by the insurance carrier in this case. The reviewer is of the opinion that anterior cervical discectomy from C-4 through C-7 with bone grafting and anterior instrumentation 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 28TH day of August, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0819-01-SS, in the area of Neurosurgery. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Various records from the _____, beginning 25 July 2001.
2. Orthopedic consultation by _____, dated 10/04/01.
_____ noted the patient was moving a 7-ft. "bay" with a co-worker when he developed severe pain to his neck, radiating into the left scapula and the left upper limb. _____ noted that he was treated conservatively, but the patient had developed increased symptoms of pain, numbness, and weakness to the left arm. An examination of the cervical spine demonstrated tenderness of the paravertebral muscles with limited flexion and extension. Conservative treatment was recommended.
3. Re-evaluation by _____, dated 11/12/01, at which time the patient continued to complain of pain in the neck with radiation into the left

scapula and left arm. An examination revealed limited flexion and rotation of the cervical spine with a decreased left C-6 nerve root and decreased left triceps reflex. Cervical diskogram and cervical spine fusion were recommended.

4. Re-evaluation by ____, dated 1/24/02, at which time the patient complained of pain in the neck with radiation into both the left and right arms. The symptoms were getting worse. An examination revealed tenderness of the paravertebral muscles with limited flexion and rotation, decreased C-6 nerve root bilaterally, and decreased triceps reflex. A consultation was recommended.
5. ____ evaluated the patient on 30 January 2002, with the patient complaining of weakness and increased pain in the shoulder and bilateral upper extremities following the diskogram. An examination on that date showed moderate tenderness to palpation of the cervical spine around C-4 to C-6. He was thought to have weakness of right elbow flexion, left elbow flexion, right elbow extension, left elbow extension, right wrist dorsiflexion, left wrist dorsiflexion, right wrist volar flexion, left wrist volar flexion, and right finger intrinsics. All of these were 4/5 other than the latter which was 4.5/5. The reflex examination was normal. There was decreased perception of light touch bilaterally at C1-C5. The range of motion of the head and neck was diminished. ____ noted that office x-rays taken 30 January 2002 showed ossification of the disk space at C4-C5 with calcification in the anterior longitudinal ligament and the appearance of post-diskography diskitis. He thought there was more calcification in the disk space after the diskogram than before. His impression was that of post-traumatic internal disk derangement, cervical spine, and he recommended an anterior cervical fusion with instrumentation, decompression, and arthrodesis, autograft C4-C7.
6. ____ re-evaluated the patient on 6 March 2002, with the patient complaining of pain in the neck with radiation into both arms and that symptoms were getting worse. An examination revealed tenderness of the paravertebral muscles with limited flexion and rotation, decreased C-6 nerve root bilaterally, and decreased triceps reflex.
7. ____ again evaluated the patient on 20 March 2002, with the patient complaining of pain in the neck with radiation into both arms. The pain symptoms in the left arm were worse than the right. An examination revealed marked limitation in flexion and rotation of the cervical spine, decreased C-6 nerve root, and decreased left triceps reflex.
8. ____ again evaluated the patient on 3 April 2002, with the patient complaining of pain in the neck with radiation into both shoulders, more severe on the left than the right. He also complained of headache. An examination revealed tenderness in the

paravertebral muscles, limited flexion and rotation of the cervical spine, decreased C-6 root sensory, and decreased left triceps reflex.

9. Report by ____.
10. Peer review analysis by ____, dated 4/24/02.
11. Letter of medical necessity from ____, dated 10/5/01, for a left cervical nerve block at C6-C7.
12. Letter of medical necessity for cervical diskogram by ____, dated 11/12/01.
13. Letter of medical necessity for cervical diskectomy with spine fusion, dated 1/30/02, by ____.
14. Letter of response for non-certification for spine surgery by ____, 3/20/02.
15. Letter from ____, dated 3/27/02, as a request for reconsideration.
16. Letter of response to denial of appropriate medical services, written by ____, dated 5/14/02.
17. An operative report, dated 12/21/01, by ____, for intradiskal local anesthetic challenge test at C5-C6 after a positive diskogram; this apparently was interpreted as showing relief of his pain.
18. A follow-up visit of ____, dated 9/18/01, showing the patient continued to have pain in the posterior neck. The patient was noted to have some bulging of the disk at C4-C5 and C5-C6, and he was to continue his current medication.
19. A follow-up office visit by ____ and ____, dated 10/09/01, noting that the patient was then receiving physical therapy. He continued to have pain radiating to the left elbow. The patient stated the pain was constant in nature and gave him trouble at night.
20. A discharge summary by ____ from ____, dated 11/01/01. This discharge summary was listed after a hospital admission for selective nerve root block with local anesthetic and steroids at the levels of C4-C5 and C6-C7 on the left. It does not indicate whether this was successful or not.
21. A follow-up office visit by ____ of ____, dated 11/08/01, noting that the patient was status post nerve root injection at C4-C5 and C6-C7 on the left side. He had no relief with this procedure and continued to have constant cervical pain.
22. An anesthesia evaluation note by ____ of ____, dated 11/01/01, which recommended intravenous sedation under monitored anesthesia for the proposed procedure.
23. An operative report dated 11/01/01 by ____ of ____ for a selective nerve root injection at the levels of C4-C5 and C6-C7 on the left.
24. An operative report by ____, dated 12/21/01, of _____. This was for a procedure of cervical diskograms at C3-C4, C4-C5, C5-C6, and C6-C7. The C3-C4 diskogram showed central accumulation of contrast material within the disk and without pain. This level was

thought to be normal. At C4-C5, there was an accumulation of contrast material within the disk with leakage of contrast into the epidural space. The patient did not complain of pain. At C5-C6, there was a central accumulation of contrast material within the disk, and the patient complained of concordant pain across the posterior aspect of the neck. At C6-C7, there was a central accumulation of contrast material within the disk and without pain, and this was thought to be normal.

25. Nerve conduction velocity and electromyogram, signed by ____, dated 10/01/01. The conduction studies appear to be normal. The electromyogram suggested left C6-C7 radiculopathy.
26. An x-ray interpretation dated 3/05/02 of an AP and lateral spine film interpreted by ____, showing narrowing at C4-C5.
27. A radiology report from ____, dated 8/30/01, interpreted by ____. This study was an MRI of the cervical spine and was interpreted as showing, at C3-C4, a less than 2.0 mm posterior bulge. At C4-C5, there was a 2-3 mm posterior bulge but without compression of the spinal cord or spinal canal/foraminal stenosis. At C5-C6, there was a 2.2-3.0 mm posterior bulging disk seen. At C6-C7 and C7-T1, this was thought to be normal. The impression was posterior bulging disk at C4-C5 and C5-C6, without causing compression of the spinal cord or spinal canal/foraminal stenosis.
28. An x-ray interpretation dated 1/30/02 by ____, with an AP and lateral view of the cervical spine showing narrowing, C-4 through C-7.
29. A cervical diskogram report interpreted by ____, dated 12/21/01, by ____. The interpretation showed anterior extension and right-sided extension of contrast at the level of C3-C4 and C4-C5. At C5-C6, there may be some posterior extension. At C6-C7, there is left-sided extension of contrast material that was not sufficient to be certain of the extent of abnormalities. The impression was possible annular tear at all levels between C-3 and C-7.
30. An x-ray interpretation by ____, dated 10/05/01, for AP, lateral, flexion and extension views of the cervical spine. The only abnormality was a slight decreased motion at C6-C7.
31. A radiology report interpreted by ____, dated 8/30/01, from ____. This was an x-ray of the dorsal spine and showed mild to moderate soft tissue and bony spondylosis of the mid-cervical spine at the level of D-6 through D-9.

B. BRIEF CLINICAL HISTORY:

This patient experienced mid-thoracic pain when attempting to move a large filing cabinet with another employee. Since that time, he has complained of posterior cervical pain radiating to various areas of the shoulders and upper limbs. Multiple examinations have been somewhat

inconsistent among various examiners, as have the interpretations of the various diagnostic studies.

C. DISPUTED SERVICES:

Anterior cervical discectomy from C-4 through C-7 with bone grafting and anterior instrumentation.

D. DECISION:

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

E. RATIONALE OR BASIS FOR DECISION:

This man has an internal disk derangement of the cervical spine which I believe simply represents early cervical spondylosis. From the various diagnostic imaging studies available for interpretation, there are no significant injuries to the cervical spine which require surgical intervention. Certainly, an extensive operation of the type proposed should be accompanied by major neurologic deficits and instability of the cervical spine. This does not appear to be the case from the records involved, although one examiner did find diffuse weakness of the entire upper limbs distal to the shoulder.

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: 26 August 2002