

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 6, 2003

Re: IRO Case # M2-02- 0924-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 41-year-old female who on ___ tripped on a carpet and fell landing on her wrist. She felt pain in her neck and left shoulder, along with wrist pain. She is a diabetic. Electromyographic evaluation on 2/28/01 showed a left C6 radiculopathy, that it was mentioned did not fit the patient's clinical picture. An MRI of the cervical spine on 10/27/00 showed multiple levels of trouble, including probably most significantly at the C6—7 level where there was a potential disk rupture. A Functional Capacity Evaluation suggested invalid results because of inconsistent effort. A CT myelogram 4/16/01 suggested difficulty at C3-4, C4-5 and C5-6 with potential impingement on the spinal cord. There was no suggestion of spinal cord compression. The patient had epidural steroid injections on three occasions in June 2001 that were not thought beneficial.

Requested Service

ACDF C3-4, C4-5, C5-6

Decision

I agree with the carrier's decision to deny the requested operative procedure.

Rationale

It appears that the procedure has been proposed because of concern over the potential of spinal cord pathology developing because of the findings on the CT myelogram. In my opinion MRI is more sensitive to potential spinal cord problems, and the patient's MRI did not show spinal cord problems. In addition, the scans have suggested C6-7 as a major potential source, and this level is not included in the proposed major operative procedure. Fusion at the three levels above this level could create a greater potential problem than presently exists.

This medical necessity decision by an Independent Review Organization 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 the 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 **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

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 **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) 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 Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 7th day of March 2003.