

## NOTICE OF INDEPENDENT REVIEW DECISION

December 19, 2002

RE: MDR Tracking #: M2-02-0970-01  
IRO Certificate #: IRO 4326

The \_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a \_\_\_ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The \_\_\_ physician reviewer has signed a certification statement stating 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 the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This 40 year old male sustained a work-related injury on \_\_\_ when he was pulling some rollers for an oil tank and experienced right neck, arm and shoulder pain. An MRI of the cervical spine performed on 01/18/02 revealed a right sided paracentral disc protrusion and spur at C6-7. An electromyography of the right upper extremity revealed some minimal denervation change. The patient complains of right shoulder pain that radiates down his arm and into his fingers. The treating physician has recommended that the patient undergo an anterior cervical discectomy and fusion at C6-7.

### Requested Service(s)

Anterior cervical discectomy and fusion at C6-7

### Decision

It is determined that the anterior cervical discectomy and fusion at C6-7 is medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

Surgery is a reasonable treatment option for this patient. The symptoms of cervical radiculopathy correlates with the MRI and radiographic findings and have persisted for one year. It is not mandatory to use epidural steroids with or without root blockage in the patient prior to proceeding with surgery. The proposed type of surgery is a generally accepted technique. Therefore, the anterior cervical discectomy with fusion at C6-7 is medically necessary.

This decision by the IRO is deemed to be a TWCC 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** (10) days of your receipt of this decision (20 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 hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 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 (Commission Rule 133.308 (t)(2)).

Sincerely,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), 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 19 <sup>th</sup> day of December 2002.
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