

NOTICE OF INDEPENDENT REVIEW DECISION

October 4, 2002

RE: MDR Tracking #: M2-02-1036-01
IRO Certificate #: 4326

___ 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 orthopedic surgery 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 53 year old male sustained a work related injury on ___ when he was driving a truck and was hit in the head with a wheel. The patient developed neck and arm pain. An MRI of the spine performed on 10/04/01 revealed mild spinal stenosis at the C5-6 level secondary to spondylosis change and a small central disc bulge at C4-5. A nerve conduction velocity (NCV) study of the upper extremities was performed on 02/18/02 and was reported as normal. The patient underwent a neurological evaluation on 05/07/02 that indicated some very mild weakness in the right arm. An EMG of the upper extremities was also performed on 05/07/02 that was negative. The patient underwent a cervical discogram on 06/12/02 and reproduced pain in the right shoulder and arm, C4-5, and midline lower cervical pain at C6-7.

Requested Service(s)

Anterior cervical discectomy and fusion with plate fixation at C4-5, C5-6, and C6-7.

Decision

It is determined that the anterior cervical discectomy and fusion with plate fixation at C4-5, C5-6, and C6-7 is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation of diagnostic test findings indicated normal EMG studies, NCV studies, and MRI findings that were not pertinently remarkable. These findings and the subjective interpretations of the cervical discography are not a basis for the performance of the extensive procedure that is proposed. Therefore, it is determined that the anterior cervical discectomy and fusion with plate fixation at C4-5, C5-6, and C6-7 is not medically necessary to treat this patient's condition.

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,