

October 4, 2002

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M2-02-1165-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed MD with a specialized and board certified in Neurosurgery. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

This is a 49-year-old right handed white female who had an injury dating back to \_\_\_\_. She initially saw \_\_\_ for neck pain, right shoulder pain, right arm pain, and right hand numbness. Her injury was further complicated by a previous cervical disc surgery at the levels of C3-4, 4-5 and 5-6 with fusion. She did well, she was able to return to work after that. She was using a battery gun that she uses assembling fenders when this produced again the new symptomatology.

She has undergone further evaluation including epidural steroid injections for her neck. She underwent a right carpal tunnel decompression in 9/7/00 with some improvement but continues with upper arm and shoulder pain. She underwent a myelogram 5/29/01 which was positive at the 6- level on the right, this is not an unusual finding when you have had prior surgery at the levels above.

She also underwent another EMG nerve conduction study in April of 2002 which was somewhat equivocal as far as no nerve damage, but some suggestion of C6 radiculopathy.

## REQUESTED SERVICE

Anterior cervical disc fusion at C6-7 with removal of plate.

## DECISION

The reviewer disagrees with the prior adverse determination.

## BASIS FOR THE DECISION

\_\_\_ has undergone extensive workup. The facts of the workup support her symptomatology. It is entirely consistent with a prior discectomy at multiple levels and unfortunately for her, surgery is sometimes the last alternative in this situation. This is a relatively straight forward and standard procedure. The reviewer is not at all concerned that the EMG is equivocal, that is not unusual, as it usually reflects only permanent damage.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TDI/TWCC.

Sincerely,

### **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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes 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, per TWCC rule 133.308(t)(2).