

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 1, 2002

Re: IRO Case # M2-03-0037

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, Rule 133.308 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 IRO's, 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

This case involves a male who was injured in ___ when a tree that he was cutting fell and hit him in the head, causing a laceration of his scalp and rendering him unconscious. The patient developed neck pain extending into his left upper extremity with numbness in the left upper extremity. The patient's pain now is mostly in his neck, with the problem in the arm being numbness, and the numbness has lessened. Physical therapy was of no significant benefit to the patient. An MRI on 1/7/02 showed some changes, probably at the C6 level, but also showed a syrinx. A repeat MRI with enhancement showed the syrinx, but showed nothing associated with it that would be considered a tumor. One possible cause of the syrinx is trauma. The patient apparently had a CT myelogram of the cervical spine on 5/3/02 (which was not included for review), and it reportedly showed changes related to disk trouble primarily at the C6-7 level, but also some difficulty at C5-6, as was also present on the MRI examinations. The only possible nerve compromise was at C7 on

the left side.

Requested Service

Anterior cervical discectomy and fusion at C6-7

Decision

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

Rationale

The patient is reported at the present time to be neurologically intact, without even any sensory loss, despite having numbness in the small finger on the left side. That distribution represents either C8 nerve root pathology or ulnar nerve pathology, which would not be cared for by a C6-7 operation.

The patient primarily has neck pain at this time, without any significant upper extremity discomfort, and changes in other areas of the cervical spine may be a factor in the neck discomfort. It may not be attributable to the C6-7 level alone.

The patient's syrinx at the C5 level, which if attributable to trauma, may be more related to difficulty at that level than at C6-7. It is frequently the case that syrinx secondary to trauma cannot be directly attributed to any level of trauma. Therefore a wait-and-see policy with a possible repeat MRI over the next four or five months would be more appropriate than proceeding with the anterior cervical fusion at C6-7.

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,