

December 30, 2002

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

MDR Tracking #: M2 03 0092 01 SS  
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.

This case was reviewed by a licensed Medical Doctor who is board certified in Orthopedic Surgery. 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

\_\_\_ is a 38 year old construction worker who sustained an injury to his neck when a co-worker dropped a 4 pound ratchet from approximately four stories above, striking him directly on top of his hard hat. His head and neck were pushed forward and he noted pain and stiffness in his neck along with muscle spasm. He soon began having pain radiating down into the left arm. He also was aware of weakness in the left arm. He was treated conservatively with medication and also he received physical therapy. This did not seem to help. He had some injections into his neck and received very little relief from the injections.

A MRI was done which demonstrated considerable pathology at the C5-C6 level. He was noted to have stenosis in both the left and right side on the MRI at that level and he also had some degenerative changes at that level with some disc herniation. The foraminal encroachment was noted to be worse on the left side than the right side. He did not complain of any real significant right arm pain, but mainly it was on the left.

He was seen by \_\_\_\_, an orthopedic surgeon. \_\_\_\_ referred him to \_\_\_\_, a spine surgeon. A discogram was performed on October 23, 2001. The discogram did not demonstrate any pain generator. It demonstrated some diffuse degenerative changes at all levels in the cervical spine, but the patient was apparently sedated so much that it did not really give a satisfactory conclusion as to what his pain generator was in the neck. Therefore, it was felt to be of no value at all in deciding about what should be done to his neck. \_\_\_\_ indicated that he felt that a four level fusion involving C3-4, C4-5, C5-6 and C6-7 was indicated. In other words, he suggested fusing every joint in the neck except the top two. The patient apparently did not go through with this surgery. Apparently the surgery was scheduled and subsequently cancelled.

He then had another opinion from \_\_\_\_, an orthopedic spine surgeon. \_\_\_\_ evaluated him and he found that he had decreased sensation in the C6 dermatome on the left side. He also noted that the MRI demonstrated the most pathology at the C5-C6 level with bilateral stenosis, worse on the left. This, of course, corresponded with the patient's clinical symptoms. He also noted that the patient had EMG reports of radiculopathy at C6-C7. Since the C5-C6 was felt to be the worst joint in the patient's neck and demonstrated nerve root compression at that level on the MRI, he felt that an anterior cervical fusion of this single joint using a bone plate to stabilize the fusion was indicated.

#### REQUESTED SERVICE

Anterior cervical fusion at C5-C6 was denied by the carrier as medically unnecessary

#### DECISION

The reviewer disagrees with the prior adverse determination.

#### BASIS FOR THE DECISION

The Anterior cervical fusion at the C5-C6 level in this man who has failed conservative treatment and is having left arm pain is the procedure of choice. It is true that the patient has multiple level degenerative joint disease in the cervical spine. However, he is having very severe symptoms and the MRI demonstrates nerve root impingement at the C5-C6 level; therefore, I feel that this is the level that is most likely to be offending level producing his symptoms. He has numbness in the C6 dermatome level, which would be compatible with the nerve root compression at this level. I feel that an anterior fusion and discectomy of this C5/C6 joint is the appropriate procedure.

\_\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

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 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).