

NOTICE OF INDEPENDENT REVIEW DECISION

December 5, 2002

RE: MDR Tracking #: M2-03-0269-01-SS
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 stepped between a truck bed and a loading dock and landed on his head and shoulder. An MRI revealed disc herniations at C5-6 and C6-7. The patient has been treated with physical therapy and anti-inflammatory medications. He continues to complain of pain and headaches and the treating physician has recommended that the patient undergo a cervical discectomy and cervical fusion with instrumentation and bone graft at C5-6 and C6-7.

Requested Service(s)

Cervical discectomy and cervical fusion with instrumentation and bone graft at C5-6 and C6-7.

Decision

It is determined that the cervical discectomy and cervical fusion with instrumentation and bone graft at C5-6 and C6-7 is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The rationale for surgery relies heavily on special studies that in themselves are not diagnostic (except for degenerative cervical spine changes). The medical record documentation does not substantiate the diagnosis of radiculopathy. The patient has left shoulder and left upper arm symptoms and there is a question whether or not these symptoms are primarily related to the left shoulder and not his cervical spine.

The documentaion states that the patient has pain on range of motion of his shoulder, especially with abduction and internal rotation with impingement. The x-ray report states that there are spurs coming off the gleno-humeral joint. These spurs require further evaluation. Therefore, the cervical discectomy and cervical fusion with instrumentation and bone graft at C5-6 and C6-7 is not 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,