

December 19, 2002

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

MDR Tracking #: M2 03 0393 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.

This case was reviewed by a licensed Medical Doctor who is board certified in Radiology. 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 patient is a 41 year old male with an injury to the neck on ____. He was subsequently treated and evaluated by a number of practitioners. He had a cervical MRI on March 15, 2002 which showed a right C4-5 disc protrusion and a right C6-7 disc protrusion with some mild changes suggesting beginning central canal spinal stenosis. He saw a neurosurgeon, ____, on March 30, 2002. He noted some neck tenderness but normal reflexes and no other specific cervical findings. The patient did improve with conservative therapy and medical injections and more recently gives a history of a varying clinical picture and exam such that it is unclear exactly which neck level is the source of symptoms.

Nerve conduction and EMG studies done on April 2, 2002 showed no evidence of cord compression, peripheral neuropathy or primary muscle disease.

REQUESTED SERVICE

Cervical discogram and CT were denied as medically unnecessary by the carrier on this case.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

Discography in general, particularly in the cervical region, is very controversial and not supported by prospective clinical trials. Some describe it as outdated (1) and others say it has no place in clinical medicine until good clinical data can justify its use (2, 3). In this patient it would be inappropriate to base a surgical decision on such a controversial examination for several reasons.

- 1.) The patient is improving with conservative therapy.
- 2.) The MRI suggests disc protrusions on the right at C4/5 and C6/7, but recently the patient has also complained of left shoulder pain.
- 3.) The neurosurgical physical exam is not impressive or specific for a neck finding that could be clarified with discography.
- 4.) The chiropractor, ____, describes abnormality of the motor units on the right at the C3/4 and C5/6 levels. These are not the levels of the lesions on MRI.

____ 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,

Bibliography

1. J. Neurosurgery 1986; 64:686-91 (Shapiro)
2. Spine 1989; 14:555-556 (Nachemsom)
3. Spine 1996; 21:402-404 (Bogduck and Modic)

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).