

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

January 6, 2003

**Re: IRO Case # M2-03-0421**

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, Rule133.308 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 IROs, 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

The patient is a 30-year-old male who on \_\_\_ was pushing a large object with his feet while his hands were against the wall helping to push the object. He developed neck pain which was associated with a burning sensation into his upper extremities.

This was an electric shock type of pain into the upper extremities with neck flexion. Although the patient has never had any distinct neurologic deficit, his MRI on 2/14/02 showed C5-6 changes compatible with nerve root compression, but no definite nerve root or spinal cord compression was seen. An EMG on 2/5/02 showed a right C6 radiculopathy. The patient has had nerve blocks and various medications, but continues to have discomfort to the point that he is unable to work.

His neurologist has diagnosed “acute cervical radiculopathy involving the right C6 nerve root, with continued symptoms.”

Requested Service

Cervical Discogram

Decision

I agree with the carrier’s decision to deny the requested discographic evaluation.

Rationale

In my considerable experience with discography, including cervical discography, it is my opinion that the procedure may add to the problem of what to do next, rather than give any definitive answer. For instance, if the discogram would be positive at C4-5 and C6-7 levels, certainly the surgeon would not skip C5-6 to pursue those two levels of potential trouble. The evidence of C5-6 pathology causing nerve root compression and contributing significantly to the patient’s symptoms is such that an operative procedure at that level could be justified without any more diagnostic testing. Of course that would be a decision of the patient based on thorough informed consent.

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,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 7<sup>th</sup> day of January 2003.