

February 14, 2004

Re: Medical Dispute Resolution  
MDR #: M2.03.0494.01  
IRO Certificate No.: 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Clinical History:

This 49-year-old male claimant felt a pop in his neck following an on-the-job injury on \_\_\_\_. Subsequent MRI on 12/04/01 revealed a right paracentral posteriorly protruded disc at C2-3 and C5-6, and a sizable concentric right paracentral herniated extruded disc at C3-4 with mild cord compression. It showed a large, sharply outlined concentric right paracentral posterior herniated disc with at least 8 mm longitudinal length extruded disc, migrated inferiorly with moderate cord compression at C4-5.

A CAT scan of the cervical spine done on 01/29/02 showed C3-4 central disc bulge minimally without any mass effect on the nerve; C4-5 arthritic change with flattening of the ventral surface at the thecal sac; C5-6, no evidence of bulging or herniated disc; C6-7, no evidence of bulging or herniated disc. The overall findings were suggestive of a disc bulge at C2-3 lateralizing to the right and C3-4 central.

On some examinations, the patient is noted as being neurologically normal, while other examinations show diminished brachioradialis and biceps reflexes on the right compared to the left. The patient had weakness of the wrist dorsiflexors and diminished sharp/dull sensation over the right forearm. He is also experiencing some shoulder symptoms and impingement problems.

Disputed Services:  
Cervical discogram.

Decision:  
The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the procedure in question is medically necessary in this case.

Rationale for Decision:  
The MRI and the CAT scan done almost one year ago show differing results. Because of the high nature of these lesions, questionable C2-3 and C3-4, a cervical discogram may be of value in determining at which level surgery should be done.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_ 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 this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on February 13, 2003

Sincerely,