

NOTICE OF INDEPENDENT REVIEW DECISION

May 5, 2003

RE: MDR Tracking #: M2-03-0881-01-SS
IRO Certificate #: IRO4326

The ___ 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 patient sustained a work-related injury on ___ when she lifted the handle and bag from a vacuum cleaner and experienced pain in the cervical spine and right arm. An MRI performed on 12/12/01 revealed a moderate disc bulge at C3-5, diffuse bulging at C4-5, and bone narrowing abnormality at T-1. The patient had been diagnosed with cervical radiculopathy and has been treated with epidural steroid injections and physical therapy. The treating physician has recommended that the patient undergo an anterior cervical discectomy with fusion at C3-4 and C4-5.

Requested Service(s)

Anterior cervical discectomy with fusion at C3-4 and C4-5

Decision

It is determined that the anterior cervical discectomy with fusion at C3-4 and C4-5 is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation does not indicate that the source of the patient's symptoms lie at the levels considered for surgery. There are changes at C3-4 and C4-5 reported on the MRI. However, there are other test findings that question the related significance of the changes at those levels. On 12/05/01, spinal x-rays revealed some degenerative changes at C5-6 and C6-7 and electromyography and nerve conduction studies (EMG/NCT) performed on 01/09/03 revealed right C6-7 radiculopathy. On 01/16/03 a report on the EMG/NCT stated "it is impossible to know at this point in time if the patient has a true C6 or true C7 radiculopathy. At this point time, it is difficult to say if there are early finding of cervical radiculopathy or if there are actually late findings that are getting better and healing". On 02/06/03 a report on the EMG/NCT stated that the study "shows evidence consistent with right C5 and right C6 chronic nerve root irritation, partial chronic denervation and mild radiculitis". There is no documentation to confirm the locations or level of possible pertinent problems. Therefore, the anterior cervical discectomy with fusion at C3-4 and C4-5 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,