

NOTICE OF INDEPENDENT REVIEW DECISION

May 23, 2003

RE: MDR Tracking #: M2-03-0941-01-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 neurosurgery 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 an on the job injury on ____. Since that time, she has intractable lower back pain, lower right extremity pain, and neck and left upper extremity pain. An MRI of the cervical spine from 03/97 revealed a herniation at C4-5, a broad based protrusion at C5-6, and herniated nucleus pulposus at C6-7. An MRI from 03/97 revealed severe spinal stenosis at L5-S1. Discography from 11/08/01 revealed a single symptomatic disc disruption at C5-6 and produced moderately severe neck and left shoulder pain.

Requested Service(s)

An anterior cervical discectomy and fusion at C5-6 and C6-7

Decision

It is determined that the anterior cervical discectomy and fusion at C4-5 and C6-7 is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient had concordant pain at C5 but not C6, despite it having degenerative changes. It is likely that in the 18 months since the previous study, the degenerative changes have progressed, possibly to the point of becoming a pain generator. In the interest of limiting the procedure to only what's absolutely necessary, the need for replacement of C6 needs to be confirmed by discogram.

In the broader view, this is an end-stage patient on significant doses of class II narcotics with consideration given to a morphine pump. All forms of conservative, reasonable management have been attempted to alleviate the axial and radiating pain, without lasting improvement. It is the standard of care to explore surgical options at this time. Therefore, the anterior cervical discectomy and fusion at C5-6 and C6-7 is 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,

In accordance with Commission Rule 102.4 (h), 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 this 23 rd day of May 2003.
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