

## NOTICE OF INDEPENDENT REVIEW DECISION

September 3, 2003

RE: MDR Tracking # M2-03-1555-01-SS  
IRO Certificate # IRO 4326

\_\_\_ 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 injuries to her right shoulder and cervical spine on \_\_\_ when she slipped and fell at work. She was diagnosed with a rotator cuff tear which was repaired on 01/15/03. A cervical MRI dated 10/18/02 revealed cervical spondylolysis with impingement on the spinal cord at C4-5 and foraminal stenosis at C6-7.

### Requested Service(s)

Two-level anterior cervical discectomy and fusion with instrumentation and bone graft

### Decision

It is determined that the proposed two-level anterior cervical discectomy and fusion with instrumentation and bone graft is medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The provider recommended an independent evaluation be performed which was very reasonable. A neurosurgeon did the examination and consultation. After examining the patient and reviewing the patient's medical record including CT scan post myelogram, he felt the patient had significant cord compression. He notated the patient had disc injury "particularly at C4-5 and moderately at C5-6". His recommendations were "an anterior cervical discectomy and fusion to decompress the spinal cord at C4-5 and C5-6". This is appropriate and medically indicated. Therefore, it is determined that the proposed two-level anterior cervical discectomy and fusion with instrumentation and bone graft 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** (ten) calendar 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Workers' Compensation Commission, P.O. Box 17787, Austin, Texas, 78744, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

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 5 <sup>th</sup> day of September 2003.
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