

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** October 13, 2003

**RE: MDR Tracking #:** M2-03-1787-01  
**IRO Certificate #:** 5242

\_\_\_ 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 an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery and has an ADL Level 2. The Orthopedic Surgeon 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**

The claimant has a history of chronic neck pain allegedly related to a compensable work repetitive use injury that occurred on \_\_\_\_. The claimant underwent anterior discectomy and fusion at C5/6 on 4/30/02 for a diagnosis of displaced disc at C5/6 and cervical spondylosis at C5/6 allegedly related to the repetitive use injury that occurred on \_\_\_\_.

### **Requested Service(s)**

Cervical discogram

### **Decision**

I agree with the insurance carrier that the requested intervention is not reasonable or medically necessary.

### **Rationale/Basis for Decision**

There is no clear indication for additional surgery at this time, specifically no indication for a C4 to C7 fusion. A CT report of 5/9/03 indicates satisfactory alignment of prosthesis at C5/6 and minimal disc bulging at C4/5 and C6/7. A concurrent myelogram on that date indicates no significant filling defects at any level. A previous discogram performed 3/6/02 documents negative pain response at C4/5 and C6/7. Generally discography is not a primary diagnostic tool but a confirmatory study in the presence of an established diagnosis of a significant disc condition when spinal fusion is anticipated. Discography is a controversial test that can demonstrate anatomic abnormality in asymptomatic people and subjective response can be widely skewed particularly with psychological issues. Documentation does not support an established diagnosis of a significant disc condition where spinal fusion is reasonable or medically necessary in this clinical setting. It is strongly recommended that continued conservative management and further clinical work up be pursued.

## YOUR RIGHT TO REQUEST A HEARING

Either party to 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 a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
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 other party involved in this dispute.