

NOTICE OF INDEPENDENT REVIEW DECISION

Date: October 31, 2003

RE: MDR Tracking #: M2-04-0094-01
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 a Neurosurgeon physician reviewer who is board certified in Neurosurgery and has ADL certification. The Neurosurgeon 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 claimant was injured on ___ and underwent an anterior cervical discectomy and fusion at C4-5 on 08/08/02. In 1999 he underwent anterior cervical discectomy and fusion at C5-6 and C6-7. He has continued to have complaints of neck pain. A neurological examination is normal other than limitations of range of motion of his head and neck. He is said to have on radiologic studies a pseudoarthrosis at C6-7 and C4-5.

Requested Service(s)

Outpatient cervical facet injections at C2-3, C3-4 and C4-5 have been requested.

Decision

I agree with the insurance carrier that this procedure is not medically necessary.

Rationale/Basis for Decision

This claimant has a failed fusion at two levels in his neck and continues to complain of neck pain. It is presumed that the neck pain is mechanical in origin. Facet injections will not improve this individual and in the rare instance of possible improvement, it would only be temporary. Facet injections in this individual will afford no long-term or permanent pain relief.

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 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.