

October 17, 2003

Re: Medical Dispute Resolution
MDR #: M2-04-0111-01-SS
IRO Certificate No.: 5055

**REVISED REPORT
Corrected MDR#**

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Neurological Surgery.

Clinical History:

This 42-year-old gentleman was injured while on the job on ____. His injury resulted in neck, rib, and low back pain. For this, he has been treated with multi-modality management. He has had physical therapy and epidural injections of both his cervical and lumbar spine.

He has also been evaluated radiographically fairly extensively. He has had MRI's of his cervical, thoracic and lumbar spine. He has also had a CT myelogram of the cervical and lumbar spine that revealed minimal changes of degeneration at C5-C6 with approximately 2.0 mm of ventral bulging of this disc. However, according to the radiologist, this protrusion causes mild to minimal ventral deformity with no spinal cord impingement or stenosis. Further, there was no evidence of nerve root cut-off on the study.

According to the requesting physician, this patient has a cervical radiculopathy based upon the radiation of his symptoms into his arm. The patient is also noted to have a left ulnar neuropathy at the elbow.

Disputed Services:

Anterior cervical discectomy and fusion at C5-C6.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the procedure in question is not medically necessary in this case.

Rationale:

This decision is based upon the necessity of some objective findings. On physical exam, the patient had no evidence of nerve root tension signs, either a Spering's sign or

a Lhermitte's sign. He had a normal motor exam and normal reflex exam. The only sensory abnormalities are entirely consistent with an ulnar neuropathy.

Further, the patient has a Tinel's sign over his ulnar groove on his left side, which is apparently the symptomatic side. Therefore, upon physical exam, there is no evidence of radiculopathy. There are no EMG or nerve conduction studies performed, and, therefore, no evidence of radiculopathy based on those studies.

Finally, the patient's imaging studies are virtually within normal limits. He has an extraordinarily small disc protrusion at C-4, and a slightly larger, but still very small, disc protrusion at C-5, neither of which compresses the spinal cord or nerve roots. Without any compressive pathology, a radiographic suspicion of a radiculopathy is quite low to non-existent.

As a result, with no evidence on clinical exam, electromyographical studies, or cross-sectional imaging studies of a radiculopathy, an anterior cervical discectomy and fusion would be an inappropriate procedure at this time.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 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.

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 October 16, 2003

Sincerely,