

November 13, 2003

Re: MDR #: M2-04-0230-01  
IRO Certificate No.: 5055

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 Orthopedic Surgery/Spine.

**Clinical History:**

The patient was injured on \_\_\_\_. He underwent anterior cervical fusion at C5-6-7 in July 2001, followed by repeat surgery in January 2003 which consisted of extending the fusion from C-7 to T-1 anteriorly. The patient presented to his treating physician with persistent pain in his neck and bilateral shoulders, and dysfunction into his hands, and surgery was offered to the patient. There is no dispute that a fusion was successfully performed anteriorly at C5-6. There is no dispute that there is a pseudoarthrosis present at C6-7.

**Disputed Services:**

Posterior cervical arthrodesis autograft C6-T1.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier. The services in question are medically necessary in this case.

**Rationale:**

The reviewer has a report of a cervical myelogram and CAT scan performed in March 2003 which shows, at C5-6, a well-incorporated anterior fusion. At C6-7, this report indicates a lack of incorporation across the disk space anteriorly. At C7-T1, this report notes a lack of incorporation across the disk space anteriorly. There is a report of a subsequent plain CT scan performed in July 2003 which indicates an anterior fusion at C5-6, an incomplete fusion anteriorly at C6-7, and a complete fusion at C7-T1. The treating physician's interpretation of the same study, however, indicates a lack of fusion anteriorly at C7-T1. Based on the conflicting data, the reviewer is forced to consider the CT scan of March 2003 to be correct since it is a more complete study and included myelography.

Furthermore, the surgeon indicates correctly that the gold standard for demonstrating pseudoarthrosis would be an intraoperative examination of the levels to determine if there is movement across that segment. The surgeon indicates he would do this prior to

performing the posterior C7-T1 fusion. Therefore, plans should be made to perform a posterior C6-C7-T1 fusion in case pseudoarthrosis is definitively found at the time of surgery at C7-T1.

ADDITIONAL COMMENTS: Furthermore, based on the operative note of the doctor who performed a provocation of the right C-7 root on 06/02/03, and found poor proximal filling and 100% relief post-block, and based on the CT and myelogram dated 03/26/03 which revealed at C6-7 a moderate degree of right foraminal encroachment and peripheral underfilling of the right C-7 nerve root sleeve and at C7-T1 significant effacement of the right foraminal fat pad and underfilling of the right C-8 nerve root sleeve, consideration may be given to performing right C6-7 and right C7-T1 lamino-foraminotomies in addition to the proposed fusion procedure. Clinical correlation, however, by the treating physician is required before considering these additional procedures.

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, MS-48  
7551 Metro Center Dr., Ste. 100  
Austin, TX 78744-1609

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 November 13, 2003.

Sincerely,