

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

November 14, 2003

**Re: IRO Case # M2-04-0283**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 47-year-old male who was in a motor vehicle accident on \_\_\_ and hit his head on a door frame. He developed pain in his neck with numbness in the fingers of both hands. Physical therapy and rest were not beneficial. While there is no distinct neurologic deficit, it has been reported that there is some hyperactivity of the deep tendon reflexes, those reflexes being described as, "slightly brisk." There is nothing in the way of pathological reflexes such as Babinski's sign. There is some question of carpal tunnel syndrome contributing to the hand symptoms, but a hand and upper extremity surgeon does not think that the patient's symptoms are related to carpal tunnel syndrome.

Requested Service(s)

C5-6, C6-7 anterior cervical discectomy and fusion with iliac crest bone graft vs. allograft with Atlantis plating

Decision

I disagree with the carrier's decision to deny the requested treatment.

Rationale

The patient continues with symptoms and signs that are compatible with findings on the MRI and myelogram. In reviewing those films, I find that there is significant spinal cord stenosis and probable spinal cord compromise at the C5-6 and C6-7 levels. It is of some concern that this is present to a lesser but possibly significant extent at C3-4. That is an area that may have to be dealt with later. At the present time the primary concern is C5-6 and C6-7, and decompression and stabilization at those levels is indicated.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

**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.

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 14<sup>th</sup> day of November 2003.