

December 11, 2003

Re: MDR #: M2-04-0304-01-SS  
IRO Certificate No.: 5055

**REVISED REPORT**  
**Revised Rationale and Additional Comments**

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 Spinal Surgery.

**Clinical History:**

This 30-year-old male claimant injured his neck and back in a work-related accident on \_\_\_. He underwent an L-4 to S-1 fusion on 09/24/02. For persistent neck pain, workup included an MRI of the cervical spine on 07/08/03, which revealed C4-5 mild disc desiccation and central protrusion, and C5-6 disc desiccation. The levels above and below this looked normal.

Discography dated 06/03/02 revealed positive pain at C4-5 and C5-6, with normal discogram at C6-7. However, the examiner noted that the patient had decreased reliability as a historian. The examiner stated the patient exhibited pain-seeking behavior and, therefore, uncertain reliability. Post-discogram CT was not performed.

A medical doctor who performed an independent evaluation on 07/24/02 noted that the patient was cooperative and a good historian.

**Disputed Services:**

Anterior Cervical Discectomy and Fusion, C4-5, C5-6 with Synthes Plates.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the procedure in dispute as stated above is medically necessary in this case.

**Rationale:**

Discography is a subjective study. In order to better determine if the patient is a good surgical candidate, a repeat C4-5 and C5-6 anterior cervical discogram and fusion with instrumentation is medically necessary.

**Additional Comment:**

The reviewer is of the opinion that this should be done by an independent examiner and should include a normal level, in addition to the proposed C4-5 and C5-6 levels, and should also include a post-discogram CAT scan of the cervical spine to better delineate the pathology at those levels.

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 December 11, 2003

Sincerely,