

January 21, 2004

David Martinez  
TWCC Medical Dispute Resolution  
MS-48  
7551 Metro Center Drive, Suite 100  
Austin, TX 78744-1609

MDR Tracking #: M2-04-0608-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Physical Medicine and Rehabilitation. The reviewer is on the TWCC Approved Doctor List (ADL). The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

This patient had an acute exacerbation of chronic neck pain with radiation into his right arm on \_\_\_. A cervical MRI on 9/14/03 showed diffuse cervical spondylosis with some evidence of stenosis. He had paresthesias and decreased sensation of the right arm in a radicular pattern. An EMG on 10/6/03 showed acute denervation changes in C5/6 myotomes of the right arm. A diagnosis of radiculopathy was made by three physicians and a cervical discectomy was recommended in October. The patient was still having significant disabling symptoms on 12/17/03.

#### REQUESTED SERVICE

Anterior cervical discectomy with fusion with inpatient stay for three days is requested for this patient.

#### DECISION

The reviewer disagrees with the prior adverse determination.

#### BASIS FOR THE DECISION

\_\_\_ appears to have had only partial and not very satisfactory improvement with cervical ESIs. He has been symptomatic for four months now, assuming he has not gotten any better since 12/17/03. For this patient there is no further non-surgical treatment which has been shown by well-controlled studies to be likely to improve cervical spondylotic radiculopathy.

Only the further passage of time may allow the improvement of his symptoms. If this is unacceptable to the patient, then it is his prerogative to seek the offered surgical remedy. Unfortunately, the dearth of randomized clinical trials comparing surgical treatment to conservative management of cervical spondylotic radiculopathy does not provide reliable evidence that surgery provides anything more than modest short-term relief, and it is unclear whether the short-term risks of surgery are offset by any long-term benefits (1).

The patient does appear to have a compressive radiculopathy secondary to cervical spondylosis and has persistence of symptoms beyond three months. Anterior cervical discectomy may decompress the nerve root sufficiently to result in amelioration of discomforting radicular symptoms and improved function.

It is reasonable to allow the patient the opportunity to obtain earlier relief if he wishes to accept the risks. So, for this patient, an anterior cervical discectomy is medically appropriate and necessary at this time.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

- (1) Fouyas IP, Statham PFX, Sandercock PAG, Lynch C. Surgery for cervical radiculomyelopathy (Cochrane Review). In: The Cochrane Library, Issue 3, 2003. Oxford: Update Software. File Reference: AB001466.htm

## **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.

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 21<sup>st</sup> day of January 2004.**