

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** March 4, 2004

**MDR Tracking #:** M2-04-0793-01-SS  
**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. The physician reviewer has signed a certification statement stating 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 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 this case.

### **Clinical History**

The claimant is a 42 year old male complaining of neck and upper back pain radiating to upper extremities especially on right with elbow and wrist pain and numbness and tingling. Relates injury to electric shock sustained at work when spraying fiber and touched live wire with the sprayer. Seen by \_\_\_ on 1-6-03 chief complaint right wrist pain. He noted full cervical motion with c/o pain in right trapezius pain with neck rotation to the left. No weakness was noted in the upper extremities. There was decreased sensation distal to the right elbow but no dermatomal distribution was noted. \_\_\_ saw him on 12-8-03 on one occasion. He noted diminished cervical motion with positive Spurling's test on the right. Strength was intact in the upper extremities and diminished light touch distal to the right elbow.

### **Requested Service(s)**

Anterior discectomy at C5-C6 with anterior cervical fusion with plate and allograft.

### **Decision**

I agree with insurance carrier that this service is not medically necessary.

### **Rationale/Basis for Decision**

There are no true radicular findings on physical exam by \_\_\_ or \_\_\_. The EMG and NCV studies on 9/10/02 show no evidence of cervical radiculopathy. The only EMG findings are paracervical, extremities are normal and this does not represent radiculopathy. Findings on NCV indicate peripheral neuropathy not cervical problem.

The MRI findings indicate no foraminal stenosis at C5 and no mention of nerve root compression. There is a central disc herniation with central canal stenosis C3-C7. The physical examination, MRI and electrodiagnostic studies do not demonstrate adequate indicators for the proposed surgery.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this 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.