

March 1, 2004

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TWCC Medical Dispute Resolution
MS-48
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MDR Tracking #: M2-04-0811-01-SS
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 Orthopaedic Surgery. 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

___ is a 52-year-old woman who injured her neck in an automobile accident on or about February 19, 2002. She complained of pain in the neck with muscle spasm, with radiation of the pain down into the left arm, all the way down into the left hand. This was treated conservatively, but conservative treatment did not give her any relief of symptoms she had a workup which consisted of MRI and it demonstrated disc protrusion at C4/5, C5/6 and C6/7. There was a large spur formation on the let side at C5/6. The patient had two cervical epidural steroid injections at the C5/6 level and this apparently gave her complete relief of pain for a short time. However, the pain always came back and she never got any significant long-term relief from the epidural steroid injection.

The patient had MRIs that demonstrated the disc herniation but they also demonstrated a mild grade 1, C4 on C5 anterior lithesis of C4 on C5. She was also found to have central disc protrusion at C4, C5 and C3/4.

After failure of conservative treatment, her surgeon has suggested anterior cervical fusion of one joint, at the C5/6 level, with anterior discectomy at that level. The carrier has not approved this procedure.

REQUESTED SERVICE

Anterior discectomy with decompression at the C5/6 level is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

With regards to this case, there is a large significant spur located above the proposed spinal fusion. Also, there is evidence of disc bulging and herniation at the C4/5 level, as well as the C3/4 level on the imaging studies. The case that is presented leads one to question whether or not the joint above the proposed surgery also needs decompression. The reviewer agrees with the carrier that some investigation should be done on the C4/5 joint to determine whether it should be included in the surgery.

___ 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,

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 1st day of March 2004.