

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 29, 2004

MDR Tracking #: M2-04-0933-01-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 a Neurosurgical reviewer (who is board certified in Neurosurgery) 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

___ is a 35 year old white female who was apparently injured at work on ___. She has been treated following that for pains in her neck, shoulders and particularly in her left upper extremity. She has received various conservative treatments including therapy and medications. She was examined by a neurosurgeon, ___, in October of 2003. She was complaining of pain in her neck and left upper extremity. He found her examination to show no upper extremity weakness. Her deep tendon reflexes were intact. On a subsequent examination of ___ in December of 2003, he found once again a normal neurological examination except for a weakness of the brachialis muscle on the left side. He recommended she undergo an anterior cervical discectomy of C5-6 because of that finding and because of a cervical MRI which had previously been performed in August of 2003, read by ___ which revealed a left sided moderate disc protrusion at C5-6 which would involve the C6 nerve root.

Requested Service(s)

Anterior cervical discectomy and fusion at C5-6

Decision

I agree with _____ that this operation is medically necessary.

Rationale/Basis for Decision

The patient has neck and left arm pain. She has weakness of the left brachialis muscle, which is innervated by C6 which is the root that would be affected by herniated disc at C5-6 which she demonstrates on an MRI.

While it is true she has multiple levels degenerative disc and joint disease in the cervical spine, this combination of factors with the location of the herniated disc on MRI and the physical findings are indication enough for this surgery. I think this surgery is medically necessary.

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.