

May 6, 2004

David Martinez
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

MDR Tracking #: M2-04-1238-01
IRO #: 5284

___ 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 care rendered 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.

This case was reviewed by a licensed medical doctor with a specialty in radiology. 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 48 year old ___ who has had cervical disk disease for many years. She underwent a C3 – C4 anterior cervical discectomy with decompression of the spinal canal and anterior cervical fusion utilizing Smith-Robinson's grafts with left iliac crest secondary to C3 – C4 disk herniation with symptomatic discography. MRI scan of her cervical spine without and with contrast was performed on 9/3/02 and compared with the previous scan performed on 6/20/01. Surgical changes were noted. The disk at C4 – C5 was minimally degenerated. There is minimal effacement of the thecal sac by 1mm disk bulge. The disk is moderately degenerated and minimally narrowed. There is minimal effacement of the thecal sac in C6 – C7 by 1mm.

The patient has been having increasing pain in the neck and arms over the "last year or two." Plain x-rays revealed solid effusion of C3 and C4 with mild instability at C4 – C5. The reviewer would also notes that the patient had steroid injections which improved the pain but were not long lasting. A repeat enhanced cervical MRI was ordered and was denied. The previous exam was performed one year and nine months prior.

DISPUTED SERVICES

The disputed service is the prospective medical necessity of a cervical MRI with Gadolinium.

DECISION

The reviewer indicates that an MRI scan of the cervical spine with and without contrast would be a reasonable request.

BASIS FOR THE DECISION

The reviewer states that considering the pain as described in the physician's notes as well as the past history, increasing pain of the neck and arms, and limited response to steroid injections that the MRI scan is warranted. The patient has cervical disease and has required surgery in the past. Conservative measures have been utilized without significant success.

___ 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 this finding by US Postal Service to the TWCC.

Sincerely,