MDR Tracking Number: M2-04-1280-01
IRO Certificate # 5259

May 14, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ___, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

This patient was apparently involved in a motor vehicle accident on ___. She was at work driving a car when someone hit the passenger side and the patient suffered neck, right shoulder and low back pain. She was evaluated on 9/17/03 by ___ and she was found to have good range of motion of her cervical spine but it was felt to be uncomfortable. She subsequently had an MRI scan of her cervical spine on 9/26/03 which was reported as showing remottling osteophytes at C3. At C4 there was noted to be anterolisthesis and paradiscal osteosclerotic changes which apparently is a fancy term for an osteophytic spur/bar. At C5 she was noted to have degenerative disc narrowing, remottling osteophytes and at C6 she is noted to have very similar findings as the level above. This patient is having cervical spine pain and further studies are obtained, including a CT myelogram which is where we begin to have problems. The study being performed more recently, on 3/18/04, shows that she has anterior extradural defects at C2, C4, C5, C6 and C7, however, no cutoff of nerve roots are seen to indicate any soft disc herniation. The cord appears to be normal. There were no dynamic studies performed. She is noted on the post-myelographic CT to have severe degenerative changes in the right fact joint at C4 and narrowing of the right neural foramen secondary to osteophyte formation.

Because of this, an extraordinarily large procedure, that being a C2, C3, C5 and C6 corpectomy and fusion followed by a posterior cervical decompression and fusion, is recommended.

REQUESTED SERVICE (S)
C2, C3, C5 and C6 anterior corpectomy followed by a posterior cervical decompression and fusion

DECISION
Denied.

RATIONALE/BASIS FOR DECISION
There is no comprehensive neurologic exam on this patient to state that she has a cervical myelopathy, much less a cervical radiculopathy. There is no evidence of instability on any of her studies. In fact, the CT myelogram shows only degenerative changes and no evidence at all of substantial long-term risk that would justify such a massive procedure. If this procedure were performed as ___ has requested, the patient would have substantially reduced range of motion of her cervical spine which would lead to muscle atrophy and chronic neck pain, symptoms she is already suffering from at this point, so there is no gain with this procedure. More specifically, she does not have substantial neurologic signs or symptoms and the chronic neck pain is not going to be changed with this procedure. This is well beyond the standard of care.

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 (20 Tex. Admin. Code 142.5©)

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 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 17th day of May 2004.