June 3, 2004

MDR #: M2-04-1327-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic and Spine Surgery and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:
TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor: correspondence.
Information provided by Respondent: correspondence and designated doctor exam.
Information provided by Treating Doctor: office notes and radiology reports.
Information provided by Orthopedic Surgeon (Simmons): office notes, procedure notes and radiology report.
Information provided by Orthopedic Surgeon (Vasquez): correspondence.
Information provided by Neurologist: office notes and electrodiagnostic study.

Clinical History:
The claimant is approximately a 74-year-old woman. A letter dated 11/13/01 notes two job injuries, the first on ___, resulting in neck and right arm symptoms. The second was also a lifting injury on ___, and noted neck and right arm symptoms as well. For some time since then, the patient has been evaluated and treated extensively for her neck and thereafter her back.

She has had neck and bilateral arm symptoms. She has undergone cervical epidural steroid injections. She has persistent symptoms.

Disputed Services:
Cervical anterior fusion

Decision:
The reviewer agrees with the determination of the insurance carrier and is of the opinion that cervical anterior fusion is not medically necessary in this case.

Rationale:
The reviewer expressed persistent concerns regarding this patient. She has had symptoms now since December of 2000. A report of a spine consultation on February 26, 2004 noted diffuse weakness in the patient's right arm, right triceps, wrist dorsiflexors, and grip with a mildly positive L'hermitte's test. This is an indicator that the spinal cord may have significant compression upon it.

If one reviews the MRI of the cervical spine, dated July 2001, the radiologist reports cervical congenitally tight canal with spinal canal stenoses at C3-C4 and C4-C5 with a posterior herniation at C6-C7. A myelogram and CT scan dated August of 2002 reveals difficulty in obtaining a good contrast flow with the myelogram and dilute contrast within the subarachnoid space in the CT of the cervical spine and spondylotic change at C5-C6 and disc herniation at C6-C7 with cord compression at that level.

Based on this information, what is medically necessary in this patient, rather than a cervical anterior fusion, is a repeat study of the cervical spine specifically looking for cervical spinal cord compression. The most sensitive study of the cervical spine is the myelogram and CT scan, which is what the reviewer believes to be medically necessary at this time. Thereafter, a repeat evaluation by her treating surgeon is also medically necessary to concur or disagree with the evaluation done by the spine surgeon on February 26, 2004, specifically looking for signs and symptoms of myelopathy.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3)

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

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 June 3, 2004.

Sincerely,