

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 14, 2004

Re: IRO Case # M2-04-1333

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. Letters 12/24/04, 12/23/03
4. Electromyographic report 1/15/04
5. Cervical MRI report 1/25/03
6. Operative report cervical spine 4/18/95
7. Treatment records

History

The patient is a 42-year-old male who was injured in _____. This led to changes in the cervical spine with spinal cord compression. For this a C3-7 complete laminectomy was carried out on 4/18/95. The patient's myelopathy did not completely clear, and the patient has remained since that time with difficulty, probably related to spinal cord pathology and possible nerve root troubles. He has right arm numbness with pain at this time. The numbness is mainly in the right thumb, and on examination there is a suggestion of C6 nerve root findings. The patient also has difficulty with urination at times, and his physical findings only suggest myelopathy. A general examination of the patient's neck with range of motion suggested "foraminal compression symptoms," A 1/15/04 EMG is said to be a normal study, but on the description of the tests, Carpal tunnel syndrome and possible radiculopathy are suggested. An 11/25/03 MRI of the cervical spine shows spurs at the C5-6 and C6-7 levels without any nerve root impingement being present, or anything that would suggest significant spinal cord impingement.

Requested Service(s)

Anterior cervical discectomy and fusion at C5-6, C6-7

Decision

I agree with the carrier's decision to deny the requested procedure at this time.

Rationale

The indications for this procedure are "borderline." The patient has changes suggestive of nerve root compression on his EMG, but this, along with the physical findings may well be old, since the patient had significant radiculopathy and myelopathy after his _____ injury and before his 1995 surgery. There is nothing on the tests that have been performed or on the patient's examination that indicate a definite, ongoing problem in the cervical spine that could be helped with the proposed procedure. If CT myelography of the cervical spine were carried out with flexion and extension views, the findings could be such that the proposed procedure would be indicated. These findings, of course, would be the possibility of instability, plus obvious nerve root compromise on the right side at the levels where surgery is proposed. Other findings on that study might change the surgical approach. The lack of any significant findings that could be surgically correctable would eliminate the surgery's indication altogether.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

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.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 15th day of June 2004.