

MDR Tracking Number: M2-04-1340-01

June 3, 2004
IRO Certificate# 5259

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. 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

Records were reviewed for the patient regarding date of injury ____. Records indicate that the patient has been treated by ____, ____, ____, ____, ____, ____, ____, ____, and ____. In short, this individual had an injury in ____, had had multiple cervical treatments including spine fusion on 04/19/01, and had an additional surgical procedure on 05/19/00. In short, the procedure requested is for C7-T1 facet injections. ___ indicates on 04/27/04 that the patient has been treated for severe pain in the neck, has received injection therapy, which had been very beneficial in the past. Previously performed injections at C7-T1 but dictated they were C6-C7 level. Requested C7-T1 level injections at this time but were refused as a result of mis-number in his dictation. He indicates that the patient has a fusion at C6-C7 and has developed stressors in the area below the fusion at C7-T1. He states these were treated the year prior with good improvement.

REQUESTED SERVICE (S)

Proposed medical necessity of C7 - T1 facet injections

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

Records reviewed indicate it is medically reasonable and appropriate to proceed with the said procedure.

This individual had a cervical fusion at C6-C7 as a result of work-related injury with sequela following C6-C7 fusion is typical to have increased wear and tear on the level above and below the level of fusion. This individual has had evidence of increased wear and tear and has responded well to conservative measures to perform fairly infrequently giving lasting improvement. Furthermore, this individual is able to maintain employment with pain control with these measures. Finally, there is clinical reason to suspect that these measures would be treating a direct sequela of work-related injury, which includes cervical fusion and progressive degeneration below the level of fusion.

For these reasons, the procedures are reasonable and medically appropriate. It appears the carrier's determination not to approve was done predominantly because of the wrong level being requested. This was already adequately addressed and this was a typographic error.

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 7th day of June 2004.