

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-04-1363-01
Name of Patient:	
Name of URA/Payer:	American Home Assurance Company
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Neal Griffin, DC

June 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 Texas Medical Foundation, 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

Medical Review of Texas (MRT) 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 MRT.

J
Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: _____
John A. Sazy, MD
Neal Griffin, DC
Texas Workers Compensation Commission

RE: _____

CLINICAL HISTORY

This is now a 20-year-old female who was injured on 3/13/03. At that time she was apparently removing a box from the top of a palette. The patient states that the box was much heavier than she anticipated and she ended up sustaining pain in her right shoulder and right neck region. Subsequent to that, she has had physical therapy, a total of 57 visits. She has had osteopathic manipulation of her cervical and thoracic cord at least x2. A recommendation for a third epidural was made. There is no documentation that this was ever performed. She has been evaluated with an MRI scan which shows a small posterior disc bulge at C6 which was slightly narrowing the central spinal canal and borderline flattening the configuration of the spinal cord. She has also had an EMG which shows reduced recruitment noted in the right C4 and C5 paraspinous rami, as noted on the EMG. No other abnormalities are found.

REQUESTED SERVICE(S)

C6 anterior cervical discectomy and fusion.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

It would be inappropriate to perform this procedure now. As noted by previous reviewers, there is a definite discrepancy in her imaging studies, her EMG and her physical exam. Firstly, the EMG shows only reduced recruitment noted in the right C4 and C5 paraspinous rami. This is insufficient evidence to call this a radiculopathy. There are no

limb findings, so therefore we cannot even begin to explain the radiating component of her problems. In reviewing the body of the EMG report, there is no evidence of any muscle denervation, so this turns out to be a relatively soft call in the first place. With regards to her MRI scan, she only has a disc bulge. It is a little bit concerning that this patient, at the tender age of 20, has a spinal canal that is down to 10 mm at C6. However, physical exam evidence, according to Dr. Sazy, finds her to have problems that involve the C5 nerve root, which are two levels above her imaging abnormalities.

RE: _____

This is a 20-year-old woman. Only under extraordinary circumstances would one want to perform a discectomy and fusion on this person. One would need overwhelming clinical evidence and, as the major concern throughout this body of information is the compression of her spinal cord, one would require some evidence of myelopathy. As the absence of that is the most prominent feature in this chart and with the absence of any radicular signs or symptoms aside from reduced bicep reflex, it is extremely inappropriate to proceed with a proposed anterior cervical discectomy and fusion.

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 14th day of June, 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell