

July 19, 2004

MDR Tracking #:

M2-04-1505-01

IRO #:

5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

It appears that the patient is a 49-year-old female who sustained an injury on ___ and was discovered to have significant spinal disease in both the cervical and lumbar spine. In the records submitted for perusal, the only information of a history and physical is submitted from the designated doctors exam performed by ___. It is revealed that the patient caught her foot on a coat rack and fell forward, twisting and landing on her right side. She was able to get up and continue work, but by that evening and the next day she had an increase in pain throughout. She sought medical attention and x-rays showed no fractures. She was placed on a cocktail of medication for muscle relaxants, anti-inflammatories, and referred to therapy. After approximately one month she was referred for an MRI of both cervical and lumbar spine, which revealed a multilevel spondylosis and arthritis. It was suggestive of no acute disc herniation or cord compression, although the MRI showed a paracentral disc herniation at 5-1 on the right, along with facet arthropathy. It is revealed that an MRI in 2001 was compared with this new MRI, which showed actual improvement of the disc herniation on the right L5-S1. It is unknown if there is a previous cervical MRI. Nevertheless, the patient was referred for lumbar epidural injection and reported improvement in her back and leg pain, but continued to have neck pain. It appears that the complaints evolved to concerns regarding balance, feelings of instability, having experienced three falls since her injury, as reported in ___. It should be noted that this note is now nine months at the time of this review, since the DDE was submitted. In 10/03 the patient reported to the physician that she was having neck pain, with non-dermatomal numbness and tingling in both hands, on the palm as well as the dorsum, in a stocking glove distribution. It was unclear to the patient that her neck pain and the numbness were related since there was no radiating pain down to her arms. She also had radiating pain down her leg, but her back pain was greater than leg pain. There were also reports of numbness and tingling of all the toes, but no

bladder or bowel problems. Physical exam on that date specifically stated no clonus, sensation intact, reflexes symmetric, negative straight leg raise and multiple Waddell findings.

Plain radiographs of the cervical spine revealed disc reduction at C6-7; 2-millimeter retrolisthesis and moderate bilateral neuroforaminal narrowing at C6-7, more left than right; mild neuroforaminal narrowing bilateral 4-5 and 5-6, with minor posterior spondylosis at both levels. It was noted that the sagittal spinal canal width was 15 millimeters at the C6-7 level. Cervical myelogram revealed extra-dural defect at C4-5 and 5-6 and mild degree of the moderate defect at C6-7 with subtle under-filling of the left C6 and C7 nerve root. MRI of the cervical spine dated 3/17/03 suggested moderate spondylitic canal narrowing at C6-7 secondary to the right, with lateral spondylosis and mild spondylitic canal narrowing with left sided spondylosis at 5-6 and anterior C4-5 spondylosis without canal restriction. Moderate left and mild right sided uncinat arthrosis C6-7 resulting in foraminal restriction.

A single note from ___ dated 3/17/03, which is sixteen months prior to this review, suggested that the patient was having right sided neck and shoulder discomfort and to refer to a spine physician.

A single clinic note from ___, pain physician, suggested mechanical cervicgia with right-sided neck pain, radiating up to the temple region of her face, which is unclear to be related.

The appeal request for surgery was declined in the preauthorization process with a statement that the patient had generalized spondylosis, was neurologically intact, there was no instability, no report of cervical epidurals, report of normal nerve testing, positive findings of Waddell, and therefore adequate supporting medical documentation showing that this procedure was appropriate was not submitted.

There is only one note submitted by the requesting physician, ___, which was dated 4/19/04, which stated that he had reviewed the myelogram CT. He suggested that the cervical area had ventral deformities at C6-7 on the left and to a lesser degree at 4-5. He recommended a cervical laminectomy, decompression bilateral at 4-5, 6-7 with foraminotomy performed. There is no discussion regarding a history and physical exam, treatment and response to treatment to clarify the indications for a multilevel spinal surgery.

REQUESTED SERVICE

A three level cervical laminectomy, decompression with foraminotomy at C4-5, 5-6 and 6-7 is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

This review has minimal records in which to make a determination. There is a DDE, a report from the primary care physician, a single report from a pain physician and a letter recommending surgery from the neurosurgeon. The only information from a history and physical exam was submitted by the designated physician, who did not feel that the patient had a surgical condition and was concerned regarding symptom magnification. Nevertheless, the pathoanatomy is real on

the MRI and CT/myelogram. There is no question that in a jerking, twisting fall that the spinal cord and nerve roots are more at risk of injury in the areas of impingement and stenosis. However, if a major operation is carried out for the spinal anatomy, it is unclear that this will address her chief complaint. It appears the main complaint is her back; she can't stand, is losing her balance, yet there is no information that this patient is myelopathic and that the feeling of instability is coming from her neck. The last history and physical exam was over one year ago for review, and treatment, response to treatment and the clinical course are not available for perusal to clarify the medical necessity of the requested surgery. The laminectomy and foraminotomies may not address the ventral defects, but can enlarge the canal for spinal stenosis and enlarge the foramens for nerve roots.

It is recommended that prior to approval of such operation that medical information be submitted that clearly demonstrates the indication for surgery and outlines the risks and benefits of all treatment options that would result in the best treatment for this patient. From an objective standpoint, this information is not available at this time.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

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.

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 20th day of July, 2004.