

August 4, 2004

MDR Tracking #: M2-04-1588-01

IRO #: 5284

\_\_\_ 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.

This case was reviewed by a licensed Medical Doctor who is board certified in Orthopedic Surgery. 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

This 29 year old right handed male who on \_\_\_ was working a drilling rig and while bent over was hit on the head by a 300 pound piece of equipment which knocked him to the ground. He was not unconscious and he only had approximately a short time to work that day, so he continued. By the time he got home he started to have stiffness and increased discomfort in his neck and the next day his neck was hurting quite a bit and he developed pain in his right arm. He continued to have this problem and he finally went to the emergency room. He had x-rays and was sent home and then had a CT scan, which did not show any fractures. Since that time he has seen various doctors for consultation and also for care.

The physical examination reports tenderness on the right paraspinal muscles particularly in the lower portion of his cervical spine. Rotation to the right increased pain. No indication for a spurling compression and distraction test; however, with this patient having continued discomfort in his neck he did have a myelogram on 3-24-2004, which showed herniation of the C5-6 and C6-7 with obliteration of the nerve roots at those levels. Patient also had an EMG, which did show changes in the nerve roots at C6-7 on the right. Patient also underwent an MRI of the cervical spine on 2-02-2004, which showed degenerative disk disease changes at C5-6 and C6-7 with a mild protrusion at C6-7. The reports have been reviewed from \_\_\_, \_\_\_, \_\_\_, \_\_\_, \_\_\_ and physical therapy records.

The patient has undergone, according to the flow algia-rhythm from Pain Physician of '01, has had the neck and arm pain due to trauma, the x-rays were ordered and had conservative care with physical therapy, exercises, anti-inflammatories and analgesics. He has had no resolution of his symptoms. He has had an MRI, myelogram and an EMG.

#### REQUESTED SERVICE

The item in dispute is the prospective medical necessity of an anterior cervical discectomy with anterior cervical fusion.

#### DECISION

The reviewer disagrees with the previous adverse determination.

#### BASIS FOR THE DECISION

According to the Medical College of Wisconsin, 69% of the herniated disks occur at C6-7 and 19% occur at C5-6. According to \_\_\_ from \_\_\_ in \_\_\_, the patient has the indications for surgical treatment having failed the above treatments. From the North American Spine Society, the patient appears to be a candidate for surgical intervention with an anterior cervical fusion. From Spine Health, the work up coincides with what this patient has undergone and is now at the level of care of recommended an anterior cervical fusion with discectomy.

\_\_\_ 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. \_\_\_ believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

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.

Sincerely,

#### **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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) 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 (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 Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).

Sincerely,

**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 5th day of August, 2004**