

August 4, 2004

MDR #: M2-04-1598-01

IRO Certificate# 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic and Spine Surgery and is currently listed on the TWCC Approved Doctor List.

## **REVIEWER'S REPORT**

### **Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor: correspondence, office notes, operative and radiology reports.

Information provided by Respondent: correspondence.

Information provided by Orthopedic Surgeon: office notes.

Information provided by Neurosurgeon: office notes.

Information provided by Pain Specialist: office notes.

### **Clinical History:**

The patient is an approximate 48-year-old woman who suffered a work-related injury on \_\_\_\_. She underwent cervical anterior fusion based on the results of the discogram. The surgery was performed in June of the year 2000. The patient was followed in clinic, and clinic notes indicate that repeated x-rays found that the C3-C4 level fused successfully. The patient was seen intermittently in 2001 and 2002 and had injections done for intermittent pain that she had in her neck, shoulders, and arms with some success. For concern of adjacent level degeneration due to patient's persistent symptoms, an MRI scan was ordered and obtained of the cervical spine. Findings were that of fairly good appearance of discs above and below the fusion and a solid fusion at the C3-C4 level.

### **Disputed Services:**

Cervical manipulation under anesthesia

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the procedure in dispute is not medically necessary in this case.

**Rationale:**

The reviewer is aware of no clinical trials demonstrating the efficacy of cervical manipulation under anesthesia of patient's who have undergone prior cervical fusion surgery. Furthermore, it is well known that performing the fusion of the cervical spine increases stress levels above and below this fusion. Manipulating such a patient's cervical spine when a patient is unable to offer feedback such as under anesthesia, in my opinion, is a risky endeavor. Since there is no clinical data that supports this procedure in a postoperative patient, and since there may be significant risks involved with this procedure, it falls is not medically necessary or appropriate treatment of this patient.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_ is deemed to be a Commission decision and order.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3)

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission, MS-48  
7551 Metro Center Dr., Ste. 100  
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

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 August 4, 2004.

Sincerely,